POLICIES, PROGRAMMES, SCHEMES LEGISLATION AND STATISTICS ON WOMEN

1987

Documentation and Information Centre
National Institute of Public Cooperation and Child Development
5, Siri Institutional Area, Hauz Khas, New Delhi-110016

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POLICIES PROGRAMMES/SCHEMES LEGISLATION

AND

STATISTICS ON WOMEN

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National Institute of Public Cooperation and Child Development
5, Siri Institutional Area, Hauz Khas, New Delhi-16

1987

Acknowledgement

Compiled by. Rita Punhani
Specialist

Meenakshi Sood
Research Associate

Typing Kanti Sharma
IDC

Reprographic Assistance Reprography Staff

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P R E F A C E

The last two decades have witnessed unprecedented efforts of various sectors to redefine the role of women in our national life and our programmes for social and economic development. The enactment of several important pieces of social legislation, the formulation of programmes for women's development and the increasing stress on active participation of women in programmes of national development have been a part of this effort.

It was felt for a long time that there existed gaps in information on Indian women and their development. No worthwhile and systematic effort was made to collect and document useful information on these aspects. The Institute has made an endeavour to bridge this information gap through this compilation. It not only provides the information in a collated form but also presents a complete picture of various dimensions of issues relating to Indian women, their status and development. As development of women in India is a part of the global development process and it cannot be looked at in isolation from developments in the international scene, the document lists recommendations of the U.N. World Conferences held at Mexico in 1975, Copenhagen in 1980 and at Nairobi in 1985 which have significantly contributed to the process of eliminating impediments in efforts aimed at improvement of the status of women.

It is hoped that the present compilation will be useful to policy makers, administrators, professionals, researchers and women activist groups in giving greater thrust to their efforts towards women's development and help them in having a comprehensive picture of all the related aspects.

The Documentation and Information Centre (DIC) of the Institute has made a sincere effort to make this document as complete and upto date as possible. I appreciate the hard work put in by Smt. Rita Punhani, Specialist and Smt. Meenakshi Sood, Research Associate of the Documentation and Information Centre of the Institute in bringing out this compilation. Dr. Adarsh Sharma, Deputy Director (Monitoring and Evaluation) provided valuable guidance to them in this work.

The Institute would welcome suggestions from the users of this compilation to improve it further.

D.P. Sethi

11 Nov. 1987

(D.P. Sethi)
Director

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Pages

1-88

BLUE PRINT OF ACTION POINTS
AND
NATIONAL PLAN OF ACTION
FOR WOMEN



DEPARTMENT OF SOCIAL WELFARE
GOVERNMENT OF INDIA
NEW DELHI

FOREWORD

The chapters in this compilation have emerged after inter-departmental consultations held by the Departme of Social Welfare in 1975 and with the assistance of the Institute of Applied Manpower Research. on the strategi necessary for improving the position of Women in our country. The discussions took into account. the recommenda tions of the Committee on the Status of Women in India, the Mexico Plan of Action and the 1975 Resolution o Parliament which urged the Prime Minister :—

> "to initiate a comprehensive programme of specific legislative and administrative measures aimed a remedying, as far as possible the economic and social injustices disabilities and discriminations to whic Indian Women continue to be subjected".

The ideas and suggestions on subject. thrown up by seminars and workshops held during the International Women' Year. and which came to Government's notice. were also given due consideration.

It would be recalled that each of the chapters in this booklet was sent to Ministries/Departments of the Govern ment of India and State Governments for their comments. examination and action. Rajasthan Government has after going through this Plan. drawn up its broad approach in this matter of promotion of employment of Women We eagerly await the reaction of other State Governments/Union Territories and Ministries/Departments of the Government of India.

The National Plan of Action for Women contained here was placed for information before the members of the National Committee on the International Women's Year and others who attended its Valedictory meeting held under the Chairmanship of the Prime Minister in New Delhi on 17 February 1976. Representatives of State Governments and the Ministries/Departments of the Government of India were specifically invited for this meeting. A Blue Print of Action Points was endorsed by the Committee. The 'Blue Print' is also reproduced here.

The task before us now is to take a look through the magnifying glass at the priorities listed out in the Natio nal Plan of Action and to fill it with substance and meaning so that it can be implemented. That is to say that physical and financial targets and phasing need to be worked out by every implementing agency for the items of action in the Plan and thought given to the funding and location of financial resources. It is inescapable for the Plan in every State to ultimately merge with the Five Year Plan for it cannot be implemented in isolated fashion.

A Bureau has been formed within the Department of Social Welfare of the Government of India to assist in the task outlined above. Discussions with State Governments and other by the Officers of the Bureau will start after mutual consultations. shortly. This publication is intended to serve as the basis for dialogue and discussion.

PADMA RAMACHANDRAN,
Joint Secretary,
Women's Welfare & Development.

DEPTT. OF SOCIAL WELFARE
GOVERNMENT OF INDIA

BLUE PRINT OF ACTION POINTS

Legislative Measures

1.1 The existing legislations should be reviewed so that equality and social justice can be ensured to women of all communities and creeds. Where this involves amendments to existing personal Laws of minority groups, initial efforts should be concentrated on arousing a desire for change from among the members of such minority groups. A vigorous campaign should be made to educate women about their rights, and to generate among all communities, a desire for a common civil code, to be achieved by the end of the U.N. Decade for Women in 1985.

1.2 Legal aid should be organised for women in need with the active assistance of the Bar Councils.

1.3 The setting up of family courts should be considered for speedy and effective adjudication in all cases concerning the family. Women, particularly in rural areas, should be protected against harassment.

1.4 The practice of dowry should be eradicated. The legislation should be strictly enforced. This is a social evil which requires sustained action not only on the part of Governmental agencies, but also on the part of voluntary organisation and public leaders.

1.5 The provisions of the existing Child Marriage Restraint Act should be reviewed. Special attention should be given to streamlining the enforcement machinery and involving local authorities and voluntary organisations in the implementation of the Act. Active public support should be mobilised by Governmental agencies, voluntary organisations and public leaders against child marriage, particularly in rural areas. Simultaneously, systematic programmes of education and training should be developed for girls till they marry.

Administrative Measures

Education

2.1 Education is the greatest known catalytic agent for social change. All out efforts should therefore be made to achieve the goal of universal primary education as early as possible. The ideas of equality between the sexes and participation by women in development should be woven into the fabric of the educational system.

2.2 The employment of women teachers should be actively promoted. The existing employment procedures, including those for part-time employment, should be reviewed and, where necessary, relaxations in age, etc., made so that more women teachers can be employed, and husbands and wives are posted in the same school or at the same station.

2.3 The content of education should be strengthened in terms of both life and work relevance. Attention should be given to vocationalisation and diversification of courses which should not only be limited to traditional women's vocations but also give emphasis on the preparation of women for participation in modern sectors of industrial production. Polytechnics (including mini-polytechnics) should be started for girls in the smaller urban centres to provide training facilities in trades/crafts which will prompt self employment.

2.4 At the stage of higher education special incentives like freeships, scholarships, hostel facilities, and book loans should be made available to girls from rural, backward and hilly areas, from backward classes and from poor families. A greater diversification in the courses offered should be made to enhance work opportunities in non-traditional vocations in modern sectors of industrial production.

2.5 Adoption of multiple entry in education, non-formal part-time eduaction facilities condensed courses of education, correspondence courses, and courses for continuing education should be made available in a larger measure to women in semi-urban and rural areas, and to working women in urban and semi-urban areas. Adult education and functional literacy programmes should be vigorously pursued through both official and voluntary agencies.

3. Employment

3.1 Equal Remuneration Act, 1976, has been passed, providing for the payment of equal remuneration to men and women workers and the prevention of discrimination on grounds of sex. Special steps should therefore be taken to review recruitment, promotion and other personnel practices in all public and private sector undertakings to ensure that there is no discrimination against women candidates. Women apprentices should be taken without discrimination in industries. Representatives of women's voluntary organisations should be associated in the machinery set up to ensure adequate participation of women in employment.

3.2 Village industries which provide scope for the employment of women should be further promoted. Special training services should be organised and credit, marketing facilities, etc. extended, specially in regard to crafts which can have a ready export market, through modernisation of design, etc. Integrated pilot projects to cover training, production and marketing should be started.

3.3 The existing recruitment procedures and employment conditions should be reviewed to encourage the re-entry of women into the work force. For this purpose, the provisions relating to maximum age of entry into service should be reviewed. Part-time employment of women should be promoted wherever feasible. Refresher courses and training programmes should be organised for adult women to make them fit for re-employment.

3.4 Organisations entrusted by the Government with the task of promoting self-employment opportunities should develop special women entrepreneurial training motivation programmes and provide special assistance to women entrepreneurs and to women's co-operative in terms of credit, licensing, etc.

3.5 The existing legislation in regard to maternity benefits should be reviewed. It should simultaneously be ensured that there is no consequent adverse effect on the employment of women.

4. Health Care, Nutrition and Family Planning

4.1 Maternal and child health care facilities should be expanded, particularly in semi-urban and rural areas, and coverage provided to high risk pregnant women. Ante-natal and post-natal clinics should be started in every Primary Health Centre and district hospital.

4.2 Nutrition supplementation should be provided to high risk pregnant mothers. Simultaneously, nutrition and health education should be given to girls and to mothers through all available media and institutions (schools, hospitals, PHCs, etc.).

4.3 Family welfare planning services should be expanded and measures intensified to educate and prepare couples to avail them, specifically in rural, backward and tribal areas. The facilities under the Medical Termination of Pregnancy Act, 1971 should be made available in semi-urban and rural areas and information regarding the provisions disseminated among women, immunisation facilities should be gradually extended to all children.

Facilities of Working Women

4.4 The establishment of day care centres, creches and balwadis should be promoted on a large scale in rural, semi-urban and urban areas to help working mothers and active women social workers discharge their duties, and enable the older children to attend school.

4.5 Hostel facilities for working women of the lower income groups should be expanded.

Care for the Socially Disadvantaged

4.6 Women without any means of support, and the physically handicapped should be provided services for education, training and rehabilitation so that they can become self-reliant. Old age homes should be opened for the aged and the infirm. Special programmes should be developed for unmarried mothers and their children.

4.7 The provisions of the Suppression of Immoral-Traffic Act (1956) should be reviewed to facilitate their more efficient implementation. comprehensive rehabilitation programmes for victims of immoral traffic and their children should be developed. Special steps should be taken to prevent vulnerable young girls and women from becoming victims of this social evil.

5. Promotion of Voluntary Effort

5.1 The growth of voluntary organisations, especially in rural, backward and tribal areas and in urban slums should be promoted to mobilise public support for different programmes of welfare Training facilities should be provided on a large scale to voluntary workers. Leadership training programmes particularly for women from weaker sections should be developed so that they can function effectively as agents of change. The establishment of Mahila Mandals should be promoted in every village so that they can function as field level agencies for social and economic transformation. Voluntary organisation have critical role in mobilising public opinion in favour of equality among men and women and eradicating superstitions, social evils and waste.

5.2 A vigorous campaign of education and action should be launched in favour of community sanitation and hygiene. Public utility services for women should be expanded wherever called for.

Machinery for Implementation

In order to ensure that the Resolution unanisly passed by the two Houses of Parliament is ed upon and the implementation of the Plan of tion is ensured, it is proposed that:—

(i) A standing advisory Committee should be set up at the national level which will review the progress every year so that a report is submitted to Parliament annually. The Committee may be called 'The National Committee on Women'.

(ii) To service the above Committee a special bureau should be set up in the Ministry of Education and Social Welfare (Department of Social Welfare). The Bureau will keep in touch with the implementation of the various programmes by the Central Ministries, State Governments and non-official agencies.

(iii) At the State level similar committees should be set up under the chairmanship of the Chief Minister. These Committees should also have adequate administrative support.

M of E&SW/ND/83

I. EDUCATION

1. INTRODUCTION

1.1 In realisation of the importance of education in general and the need for equality in opportunities for the intellectual development of men and women, sucessive Five Year Plans have consistently placed special emphasis on the acceleration of women's eduaction. The emphasis with regard to women's education has all along been to equip her for the multiple roles as citizens, house-wives, mothers, contributors to family income and builders of the new society. Efforts have been made during the past two decades of planned development—to enrol more girls in schools; to encourage girls to stay in schools; to continue their education as long as possible; and to provide non-formal educational opportunities for Women. The Draft Fifth Five Year Plan has declared that "the outlays for the education of girls will be stepped up.....". The fulfilment of the constitutional directive in respect of providing free and compulsory education upto the age of 14 years has been included as one of the components of the Minimum Needs Programme.

1.2 These efforts have had a significant impact on the progress of women's education in India. For example, there is a primary school within the easy walking distance from the home of almost all the children. This has resulted in an *increase in the enrolment of girls in classes I-V* as a percentage of total enrolment in these classes from 28.1 in 1950-51 to 37.6 in 1973-74. In respect of classes I-VIII. IX-XI/XII and university education also there has been an appreciable increase in the percentage of girls' enrolment to total enrolment, between the years 1950-51 and 1973-74 (see Table 1). In fact, girls' enrolment is observed to be growing at a faster rate than those of boys.[2]

1.3 Despite these encouraging trends and marked progress made in respect of women's education, the education status of women is still far from satisfactory for the following reasons:

(a) Literacy among women is generally lower than the among men. According to the 1971 Census data, only 13.4 per cent of women in this age group of 25 + are literate. (Ref. Table 2).

(b) Enrolment of girls in classes I to V is only 66.4 per cent of girls in the corresponding age group, i.e., 6 to 11 years: while in respect of boys the relevant percentage is 100.2 (see Table 3).

(c) Drop-out rate is also very high in classes I to V. A recent study has shown that the drop-out rate especially accentuated in the case of girls from rural areas and from the less privileged sections of society, is as heavy as 42.85 per cent between classes I and II.

(d) In classes VI to VIII, percentages of enrolment of girls and boys to the total girls and boys in the relevant age group (i.e., 11 to 14 years) are 22.2 and 48.3, respectively (see Table 3).

(e) At the secondary stage, i.e., classes IX to XI/XII girls enrolled constitute only 12 per cent of girls in the relevant age group 14 to 17 years as against 31 per cent in respect of the enrolment of boys in this age group (see Table 3).

(f) Enrolment of girls in Post-Matric classes constitutes only 2.3 per cent of girls in the concerned age group 17 to 23 years: while the enrolment percentage of boys in this age group is 7.5 (see Table 3).

2. FACTORS RETARDING THE PROGRESS OF WOMEN's EDUCATION

2.1 Girls and women in India have thus not been able to take full advantage of the available opportunities facilities for intellectual development. This is mainly because of several social and cultural factors in addition to various other reasons. Action plans and strategies for women's education should, therefore, aim at neutralising the effects of the factors which have retarded the progress of women's education in India. With a view to facilitating the formulation of such a plan of action, in what follows, some of the major reasons which have operated against girls women in taking full advantage of educational opportunities/facilities, are listed below:

(a) General indifference to education of girls.

(b) Social resistance arising out of fears and miscoceptions that education might alienate girls from traditions and social values and lead to mal-adjustments, conflicts and non-conformism.

(c) Early marriage and social inhibitions against girls pursuing education after marriage.

(d) Prevalence of child labour among girls belonging to weaker sections and the hard domestic chores which some of the unmarried girls—even in the middle class families—are required to perform.[3]

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1. Ref. *Draft fifth five Year Plan* 1974-79 *Planning Commission*, Government of India, New Delhi 1974, p. 197.
2. Ibid, *Draft fifth Year Plan*, p. 197.
3. According to the 1971 Census 2.56 per cent of girls in the age group 0-14 years constitute child workers.

(e) The prevailing notion that the sole occupation of women is to bear children, look after her husband and children, and thus be restricted to domestic work.

(f) Discrimination effected by employers against women labour in both organised and unorganised sectors in matters of recruitment, training and promotion.

(g) Many girls and their parents find that the school curriculum do not conform adequately to their needs and interests.

(h) Unsuitable and inflexible school timings and inadequate facilities for girls in schools, particularly in the co-educational schools.

3. MAJOR OBJECTIVES OF WOMEN'S EDUCATION

3.1 It should be recognised here that the general objectives of any policy towards women's education cannot be different from those relating to men. However, in view of the social and cultural handicaps that have operated against women in general and in view of the multiple roles that women are required to play, the need for a set of objectives specific to women's education is imperative. The following major objectives are, therefore, considered here:—

(a) To prepare women to fully participate in socially productive work, fully aware of family planning needs with a view to achieving her full integration with the democratic and developmental efforts of the country.

(b) To help break down overt covert biases against women.

(c) To make women aware of the various legal, social and economic rights, provisions and privileges available to them and the way they can take advantage of them, for their advancement.

(d) To enable women to be self-reliant to achieve economic independence.

(e) To import the idea of equality between the sexes and participation by women in development through the educational system.

(f) And above all, to find full expression for her talent, ability and personality and for this purpose, enable her to adopt a discriminating attitude so that she can escape the bonds of superstition and obscurantism.

. ACTION PLANS

.1 Action plans here are evolved within the eneral framework of major objectives mentioned bove. In addition, the action plans have taken into onsideration other objectives which are specific of ducational categories like elementary education, mide stage education, secondary stage education, unirsity education and non-formal education. For the ke of convenience, in what follows, action plans specific of each age-groups of girls, are all mentioned separately.

A. ELEMENTARY EDUCATION—GIRLS IN THE AGE-GROUP 6—11 YEARS

4.2 Girls in this age-group constitute the population of girls of *primary school* going age. Action plans for this age-group will need to be in two directions:

(a) to universalise primary education for girls, and

(b) to strive for the retention of girls already enrolled.

Towards this end, the following action plans are suggested:

Administrative and Structural Measures

(i) State Governments should take note of the habitations without primary schools as indicated by the Third Educational Survey and make arrangements for providing primary school within a distance of 1.5 kms. of all habitations within next five years.

(ii) Mobile schools should be provided for children of all nomadic tribes, migrant labour and construction workers.

(iii) Girls in this age are often required to look after younger children and attend minor household duties, particularly in the rural areas and among the weaker sections of the society. As this is one of the major reasons that holds such girls from attending school, special efforts should be made to enlarge the scope and coverage of pre-school education programmes like *balwadis* and *anganwadis* where the older girls can be given practical work experience and child care.

(iv) These pre-school education programmes should, wherever possible, be attached to primary schools or are at least located in the vicinity of primary schools as that would help in cultivating a school going habit right from the childhood.

(v) Supervision and inspection of primary schools should give particular attention to the problem of enrolment of girls, their retention, involvement of the community, etc.

Promotional and Motivational Measures

(vi) Special and sustained persuasive and motivational campaign and organisational drives should be undertaken among regions/communities which have shown markedly a low achievement in girls enrolment. Voluntary organisations at local level like Mahila Mandals and local bodies should be fully involved in this programme.

(vii) Promotion and support to girls' education should also be tackled through a multi-pronged programme of incentives—both for bringing girls to schools and for retaining them in schools. The incentives can be in the form of midday meals, free supply of books and reading materials, scholarships, awards, etc. Active collaboration of voluntary organisations may be sought in this regard.

Pedagogical Measures

(viii) The primary teacher training course should undergo a major revision with a view to adequately preparing the teacher for the promotion of girls' education. Emphasis should be more on the use of such non-formal methods of imparting education that would interest and attract more and more girls to attend schools.

B. EDUCATION FOR GIRLS IN THE AGE GROUP 11—14 YEARS

4.3 Population of girls in this age-group constitute girls of middle school going age. This group can be divided into three sub-groups:—

(a) Girls students attending middle schools:

(b) Girls drop-outs at various stages from Classes I to V;

(c) Girls who have never attended schools.

The objectives of education and training are different for each of the sub-groups.

(a) Middle School—Girl Students

Action plans for education of girls in this age-group should be concerned about:—

(i) encourage further enrolment of girls at this stage.

(ii) retention of girls already in middle schools. and

(iii) rendering the curriculum more relevant.

The following action plans are suggested:—

Pedagogical Measures

(i) The content should be more oriented to the needs of girls in the village communities so that both the parents and the girls see relevance of this education for their own lives. The curriculum of the middle school stage needs to be given a strong work experience orientation, introducing girls to crafts and skills which will be of direct use to them in the family, community and farm, and help them in rural employment and self-employment. It should also introduce girls to scientific knowledge, principles of home-making, family life education, nutrition and diet, environment education and civ education.

(ii) *Women Teachers*: It is very important fo the promotion of girls' education to emplo women teachers in schools. In fact, th general view is that women are more suite to be teachers and large number of teache should be women. However, the proble may come up in different ways. Mor number of men may be qualified and trai ed; women may not be in a position t accept employment as full-time teachers du to personal problems; women also hav difficulties in working in rural areas. Ther has to be relaxation from age restriction The States may consider reserving a certai number of posts of teachers for women an where there are not adequate number o trained teachers, untrained persons may b recruited and deputed for training. The question of giving posting to husband an wife both of whom are teachers in the sam place may be considered.

It may also be worth while in those area which have schools without women teachers to select educated women in that area and send them for training and appoint them in the schools in that area. Where educated women are not available for posting in a school, local women may be selected and posted as school *matas* (school mothers) to keep the girl students company and induce parents to send their girls and children to schools. The rules relating to age and qualification of recruitment and service may have to be relaxed in these cases and the deficiency made up through in-service training.

Women should not be discriminated against in matters of recruitment. Selection and recruitment should be made on merit. No qualified meritorious woman candiate should be overlooked. State Governments may contemplate providing for 50 per cent of teachers in schools being women and to look into this aspect while sanctioning grants to institutions.

In single teacher institutions (the exact position will be brought out by the Third Educational Survey), it may be desirable to ensure that where there are two teachers, one of them should be a women. If locally educated women are available, they can be recruited. Husband-wife teams can be posted.

(iii) The primary teacher training course needs to undergo a major revision to adequately prepare the trainees for their special responsibility for the promotion of girls' eduction in rural areas, especially in adapting the content to suit the needs and interests of girls, in adopting non-formal methodologies and in linking with community and developmental activities.

(iv) Supervision and inspection of schools should give particular attention to the problem of enrolment of girls. their retention, factors contributing to wastage and stagnation, relevation of curriculum, involvement of the community. working conditions of women teachers. etc.

romotional and Motivational Measures

(v) School timings should be flexible. as many of the girls in this age group are required to help their mothers in routine domestic chores.

(vi) Adoption of multiple entry and part-time courses is recommended.

(vii) Incentive like mid-day meals. scholarships free school uniforms, free books and study materials. stipends. awards. etc.. should be extended to all girls in the rural areas and slums in the urban areas.

) **Middle School—Girl Drop-outs**

lternative Measures

(viii) For school drop-outs of girls. pre-vocational training programmes should be organised on an extensive scale to cover all girls in the rural areas and in the slums of urban areas. The objectives of such training should be to render them self-sufficient in home management, and help them to achieve economic independence. With this in view. such training programmes should include courses in sewing. knitting, cooking. nutrition. minor repairs of the house. motherhood. child care, etc.

Girls who never attended Schools.

(ix) For the non-student girls in this age group, the objective should be to provide adequate preparation in life through a combined three-year course in general education and vocational training. Vocational training should be on the lines of pre-vocational training mentioned above.

(x) Such training programmes should be extended to all girls in the rural areas. In the urban areas, preference should be given to girls in slum areas and destitute girls.

EDUCATION FOR GIRLS IN THE AGE GROUP 14—17 YEARS.

Girls in this age-group also can be classified three groups:—

(a) Girl students with motivation to attend secondary school:

(b) Girl drop-outs from classes VI to VIII.

(c) Non-student girls. i.e.. students who never attended schools.

(a) **Girl Students**

The action plans under this category should emphasise more on:—

(i) facilitating more girls to pursue education at the secondary stage, and

(ii) strengthening the content in terms of both life and work relevance.

The following action plants are suggested:—

Administrative and Structural Measures

(i) Separate girls' schools or separate sections should be started where the social/cultural environment demands them.

(ii) In co-educational schools special attention should be given to the provision of adequate toilet. rest and recreation facilities, separately for girls

(iii) State Governments which have not yet made high school education free for girls should do so on a priority basis.

(iv) Multiple entry system and part-time education may be provided.

Promotional and Motivational Measures

(v) All courses of training in vocational and technical schools at the secondary stage should be open to both boys and girls. There should be no discrimination in this regard.

(vi) Liberal incentives in the form of book allowances. book-bank facilities. etc., should be extended to encourage more girls in rural areas and backward areas to pursue secondary education.

(vii) Separate hostel facilities should be provided particularly in rural areas and residential scholarships should be offered.

Pedagogical Measures

(viii) The curriculum should be more diversified taking into consideration the various occupational onportunities available to women and the interests and aptitudes of girls.

(b) **Girl Drop-outs**

Alternative Measures

(ix) Condensed courses of education started in 1958 were found very useful. Under this scheme women in the age-group 13—30 years who have had some schooling are prepared for middle school. matriculation or equivalent examinations within a period of 2 years' duration. The minimum age limit here should be reduced to 15 years. This scheme should be extended to cover all rural areas and weaker sections of the urban community.

(x) The condensed courses should be organised for smaller groups, say 5 to 7 persons, using the community resources like girls' high schools and girls' colleges.

(xi) Apart from imparting general education, codensed courses should also aim at imparting job-oriented training with the active co-operation of existing vocational training institutions.

(xii) Correspondence courses and self-study programmes may be introduced.

(xiii) Efforts should be made to cover at least about 215 lakhs of girls in the age-group 15—30 under the condensed courses programme during the Fifth Plan Period.

(c) **Non-student Girls**

(xiv) Fourth Plan introduced a programme of functional literacy with the objective of imparting elementary general education and vocational training—related to the functions performed—to men and women in the rural areas who never attended schools. This programme should be expanded to cover all rural areas.

(xv) Apart from imparting general elementary education and knowledge about farming techniques, the curriculum for women should include courses of training in occupational skills like kitchen, gardening, food processing, poultry keeping, animal husbandry; household arts like cooking, nutritional values of foods locally available, sewing, knitting, etc.: and motherhood, child care and family planning as also electronics and such like fields.

(xvi) Similar programmes should also be designed for girls—in this age-group and under this category—belonging to urban areas.

D. EDUCATION FOR GIRLS IN THE AGE-GROUP 17 YEARS AND ABOVE

4.5 Education for girls in this age-group also can be divided into three groups, as in the case of other age groups—

(a) Education for girls at the higher education stage.

(b) Education for girl drop-outs from the educational system beyond the secondary stage.

(c) Education for non-student girls—girls who never had any education.

In respect of the last category here, i.e., education for non-student girls, action plans are there same as those concerning non-student girls in the age group 14—17 years. Hence, this category is not dealt with separately here.

(a) **Education for Girls at the Higher Education Stage**

Action plans in this area should aim at—

(a) making higher education available to the less privileged sections of the society, particularly girls from the rural areas; and

(b) making the curriculum more relevant and responsive to the cultural and occupational needs of women.

The following action plans may be taken up for consideration:—

Administrative and Structural Measures

(i) The general policy here should be discourage separate institutions for women and to promote co-educational facilities. However, in areas where separate institutions are required to promote education of women, they may be permitted on the merits of such cases.

(ii) Vocational counselling and guidance services should be organised in a more meaningful way to helf girls—in colleges and universities—opt for suitable courses relevant to their talent, interests and needs.

Promotional and Motivational Measures

(iii) Incentives like scholarships, freeships, etc. should be provided to enable girls from rural areas to pursue higher education.

(iv) For girls belonging to weaker sections in addition to freeships and scholarships, bursaries should also be provided to meet their expenses on food and lodging.

(v) Provision of self-cooking facilities in hostel for girls should also be considered.

(vi) Girls pursuing higher education should be provided easy access to text-books and other reference material through book-bank facilities.

(vii) Girls should be encouraged to enter professional courses, if necessary, reservation of seats for girls in professional courses may be considered.

Pedagogical Measures

(viii) Diversification of courses at the junior college level and undergraduate level should be undertaken on a priority basis with view to preparing the girls for the various employment opportunities open to them.

(b) **Education for Girls Drop-outs**

Girls in this age group drop-out of education system for various reasons. Marriage is one of the reasons which force girls in this age-group to discontinue further formal education. Economic hardsh

another reason which forces some girls to drop-out l seek jobs, with a view to supporting their families. cial prejudices and cultural attitudes also force ne of the girls to leave the formal educational sys-n. For girls in this category, therefore, the policy ould be to extend non-formal aductional facilities a large scale.

e following actions are suggested:

(i) Facilities for part-time self-study and correspondence courses should be expanded on a large scale to enable working girls and non-working—married and unmarried girls to enhance their educational qualifications.

(ii) In addition to courses leading to degree/diploma, short courses in specific subjects through summer schools/sessions, ad hoc programmes like seminars, laboratory work, workshop experience, etc., should be organised for working girls, with a view to upgrading their professional skills and qualifications. Facilities for further education not necessarily leading to a degree, but for upgradation of knowledge and skills could be provided.

(iii) While the initiative for organising such programmes should be taken by the Central and State Governments, the employees should also be increasingly involved.

(iv) Pre-examination training facilities should be organised on a large scale for educated women from the rural areas and those belonging to weaker sections with the objective of equipping them to successfully complete in examinations for public jobs.

(v) Entrepreneurship development programmes should be organised separately for educated women in the age-group 18—30 years with a minimum of matriculation level of education. The objective of such training programmes should be—

(a) to make them aware of the various opportunities for self-employment;

(b) to motivate them to take up self-employment;

(c) to impact needed skills/training; and

(d) to promote achievement motivation among them.

E. ADMINISTRATIVE MEASURES

4.6 To make the various action plans successful and to achieve a real breakthrough in women's education, there is very need for a matching and effective administrative set up, both at the Central and State Levels. With this in view, the following suggestions are made:

(i) In the Union Ministry of Education and Social Welfare, a special unit/cell may be set up to be in charge of women's education to review and initiate follow-up action.

(ii) In each State education department, a senior officer should be placed in charge of girl's education in order that it may receive adequate emphasis, execution and co-ordination.

(iii) As the district is the operational unit for all educational programmes and as the needs of girls vary in extent and kind from area to area within a district, a separate cell for girls' education—formal and non-formal—may be created within the purview of the district educational officer at the district headquarters.

(iv) School supervisory system should be staffed with more women.

(v) A suitable machinery may be set up at the Centre and the States to help in the formulation of plans for women's education—formal and non-formal—to monitor, co-ordinate and evaluate progress of women's education from time to time, to create public opinion in favour of women's education, etc.

II. HEALTH, FAMILY PLANNING AND NUTRITION

5. INTRODUCTION

5.1 As recognised in the Fifth Year Plan, "even with expanded employment opportunities, the poor will not be able, with their level of earnings, to buy for themselves all the essential goods and services which should figure in any reasonable concept of a minimum standard of living. The measure for providing larger employment and income to the poorer sections will therefore, have to be supplemented up to at least certain minimum standard, by social consumption and investment in the form of education, health, nutrition, drinking water, housing, communication and electricity"[4]. In terms of health and nutrition, the Fifth Plan has, therefore, defined its primary objective as "providing minimum health facilities integrated with family planning and nutrition for vulnerable groups—children, pregnant women and lactating mothers"[5]. The strategy is to consolidate past gains in the various fields of health such as communicable diseases, medical education and provision of infrastructure in the rural areas: and increasingly to integrate family planning services with health, maternity and child health (MCH) and nutrition activities.

5.2 The Fifth Plan has paid special attention to providing health services for pregnant women and lactating mothers. However, as the intent here is to develop a comprehensive plan of action in respect of women, it is necessary to emphasise—

(a) the problems/areas of concern in respect of women in India; and

(b) the goals and objectives—long-term as well as short-term—which will best overcome the problems.

6. In this regard the following major problems/areas of concern are identified:

(i) *Unfavourable sex ratio in respect of women*:

The decennial census from 1901 to 1971 have shown a steady declining sex ratio. From 972 women per thousand males in 1901, the sex ratio has declined to 930 women per thousand males in 1971. Such a phenomenon is observed only in very few countries, besides India.

(ii) *Lower life expectancy for women*:

The expectation of life at birth for women is lower than males in India.[6] In most other countries and particularly in the developed countries the expectation of life for women is observed to be higher than for man.

(iii) *Higher death rates among women*:

It is observed that more girls die than boys among infants and children. A distinctly higher death rate is also observed among women during the period of reproduction. Indeed the female death rate seems to be higher than the male death rate in almost all age groups except after the age of 45.[7]

7. The problems identified above are mainly due to the following reasons:

(a) Ignorance and prejudices inherent in the social and cultural milieu.

(b) High prevalence of diseases and poor environmental sanitation.

(c) Repeated child bearing in quick succession leading to maternal depletion.

(d) Lack of proper knowledge with regard to the available family planning and health care facilities.

(e) Low level nutrition, particularly among the poorer sections of the rural masses.

(f) Female illiteracy.

8. The causes mentioned above are not exhaustive. Also they are not mutually exclusive and hence interactions among the causes listed are not ruled out. However, they help considerably in identifying a national strategy for women with reference to Health, Family Planning and Nutrition. A broad set of goals/objectives which constitute such a strategy could be as follows:

(i) Change our attitude to provide prompt and adequate medical care for girls.

(ii) Prepare girls for better motherhood.

(iii) Reduce infant and child mortality of girls.

(iv) Reduce maternal mortality.

(v) Ensure adequate maternal health care, pre-natal, natal and post-natal.

(vi) Ensure proper knowledge and services for family planning.

4. *Approach to the Fifth Plan*, Planning Commission, Government of India, January, 1973, p. 9.
5. *Draft Fifth Year Plan*, 1974-79, Vol. II, Planning Commission, Government of India, 1974- p. 234.
6. *See* Table 4.
7. *See* Table 5.

(vii) Provision of basic health and nutrition services for girls and women.

(viii) Raise the level of literacy and education among women.

9. Plans of action to make these goals a reality will have to cover a wide spectrum of programmes for providing medical care, prevention health service, family planning and nutrition services for creating awareness, acceptance and demand for such services in the target group through education, etc. Further, such plans of action will have to be well integrated with the strategy as emphasised in the Fifth Plan. Ideally, it is desirable to identify a set of action plans for each goal/objective or a group of goals/objectives. However, it is not possible to attempt such an exercise because of the unavoidable overlapping among the affects of various action plans that can be conceived.

10. With this in view, the various action plans visualised are grouped under the following broad categories of actions:—

I. Provision of Services.

II. Development of the needed Human Resources.

III. Mass Education Programmes.

IV. Legislative Measures.

V. Role of Voluntary Organisations.

VI. Areas of Research.

11. In what follows, details of action plans under each broad category will be outlined.

. Provision of Services

Women as a member of the family is a beneficiary f the health services offered to the community as a hole. However, infrastructure for delivering health, mily planning and nutrition services is not the same rural and urban areas. In the rural areas, health, mily planning and nutrition services are provided rough the primary health centres (PHC) complex—e PHC for every National Extension Services (NES) lock of about 80,000 to 100,000 population with a t-work of sub-centres at the rate of one for every ,000 population. The PHC provides medical care, aternal and child health services, family planning, vices, control of communicable disease, health and trition education, environmental sanitation, and alth and vital statistical collection. The PHC also s provision of a minimum of 6 beds for giving in-tient medical care. In addition to providing in-tient and clinic services, domiciliary services are o provided, especially for women and children.

The current plan also envisages that one out of ry four primary health centres will be upgraded to come 30 bedded hospitals. The upgraded PHCs l provide improved medical, surgical, and maternal child health care, further it also services as the re-al hospital for the PHCs complex in its neighbour-d.

Besides the PHC complex sponsored by the Government of India, the State Governments run hospitals and dispensaries which provide medical care only, without any extension services.

In addition to the Government institutions, private medical practitioners practising in the different systems of medicine augment the medical care facilities in the rural areas.

The Fifth Plan has emphasised the need for delivering a package of services to the rural community through multi-purpose workers. The idea is to transform various single purpose health workers now engaged in the national health programmes like eradication of small-pox, malaria etc., into a type of worker competent to cater to the total health needs of the community. Under this multi-purpose workers' programme, women workers will be primarily responsible for providing maternal and child health services: while men workers will attend to the public health programmes. A tier of supervisory workers—men and women—to supervise the work of multi-purpose workers is also contemplated. When the concept is materialised it is expected that there would be a team of two workers for every 8,000 population, to start with. Through such a programme, eventually, the population coverage by a sub-centre is expected to be reduced to 5,000.

Infrastructure for the delivery of health care in the tribal areas is identical to that of rural areas. However, the population covered by each PHC is less than that in the rural areas. Yet, the infrastructure provided is not adequate because of low density of population in the tribal areas. Also there is no concept of village in the tribal areas, as groups of houses are scattered over the entire area.

In respect of urban areas various agencies like Government institutions, institutions maintained by the local bodies and voluntary agencies cater to health care—thus urban areas are better covered than rural areas. However, as in the case of rural areas, there is no specific norm for the coverage in urban areas.

Present practice in PHCs and hospitals is to run an out-patient department (OPD) catering to all categories of patients—men, women and children. This practice obviously cannot provide special health care for children and women particularly pregnant women. In view of this the following action plans are suggested:

(i) Identifiable special services for children should be provided in all types of medical and health institutions like cottage, hospitals, PHCs, etc.

(ii) Similarly, there should be special identifiable services for women in all types of institutions.

(iii) The approach to maternal health should be to concentrate on giving care to pregnant mothers and identify the "High-Risk" mothers for specialised care at appropriate institutions. This would mean starting regular antenatal clinics at least at each PHC.

(iv) Majority of child births take place in the homes and are attended to by the traditional village midwife (dai) or by elderly women in the house. It is not expected that this pattern will change in the foreseeable future nor is it recommended that we should attempt to change it. Till such time as sufficient number of trained A.N.Ms. are provided to cater to the needs of entire population, efforts should be in the direction of making effective use of existing system for maternity care.

(v) It is accepted that the existing infrastructure in the rural areas is not adequate for giving proper health, family planning and nutritional services for women. In this regard, it may be recalled that the Bhore Committee had recommended in 1946 that for effective coverage, each PHC complex should be expected to cater to a population of about 25,000 to 30,000. A subcentre in its turn can then be expected to provide adequate health care to a population around 3,000. Efforts should be made to implement these recommendations fully.

(vi) In view of the geographical characteristics of tribal population, the norm for tribal health care should be based on area covered rather than population covered. In this regard, attempts should be made to provide a subcentre within a radius of 5 kms. and a PHC within the vicinity of every 10 sub-centres.

(vii) After the child birth, neither the family nor the health organisation pays due attention to the mother's health. During the period, immediately following child birth, the health and nutrition of women should be closely watched. For this purpose, regular postnatal clinics should be run at all hospitals and PHCs.

(viii) Preventive programmes to reduce the morbidity should be undertaken on a large scale. Every new-born child should be protected at least against small-pox, tuberculosis, diphtheria, whooping-cough, tetanus and poliomyelitis by giving them the required immunisation.

(ix) The policy enunciated in the Fifth Plan to integrate family planning with general health services should be implemented fully.

(x) Responsibility for family planning should not be confined to those institutions employed in any special family planning schemes or projects. This should be the general responsibility of all institutions and personnel employed therein.

(xi) Family Planning advice and conventional contraceptives should be provided through all the PHCs, dispensaries, hospitals, maternity & child health (MCH) centres, etc.

(xii) Under-nutrition and mal-nutrition are problems undermining the health of girls and women. However, the health institutions generally do not provide any special nutrition services. There should be well equipped and staffed nutrition clinics attached to all hospitals and PHCs catering to women and children. Such clinics will give nutrition education supported by practical demonstrations as well as deal with diseases of nutritional origin.

(xiii) There is no school health programme in the Fifth Plan. It is necessary to organise school health programmes to cover the children enrolled in primary schools, to start with, and extended to the middle and secondary school in a phased manner.

II. Development of the needed Human Resources

Mere provision of health, family planning and nutrition services are not enough for rendering health care delivery effective in respect of women and children, particularly, in the rural areas. For, it also calls for simultaneous reorientation of the various skill generation processes which provide the needed human resources to men all types of services. Currently, it is a general feeling that the under-graduate curriculum in medical colleges emphasises more on curative treatment and does not equip the under-graduates sufficiently to deal with the health problems of the rural community. Also the training programmes of ANMs are mainly directed towards meeting the requirements of Government programmes only and, as such, no effort is made to promote self-employment among workers in this category. Further, no effort is made to effectively use the traditional village birth attendants (dais). With imaginative re-training programmes, It is felt that the village dias can be made to render the midwifery services more effectively. There is, therefore, the need for the following training and retraining programmes for various categories of health manpower, particularly, those involved in health care delivery for women and children:

(i) The under-graduate curriculum in the medical colleges for teaching maternal and child health should be reviewed and modified suitably particularly to deal with health problems of women and children in the rural areas.

(ii) As the reviewing of teaching in medical colleges is a long-term measure, until such time as doctors effectively trained in MCH are made available to all the hospitals and PHCs. in the intervening period all the doctors who are working in various Government hospitals and PHCs should be given a re-orientation in MCH to make them capable of giving better health care to women and children in the rural areas. This course should also be made obligatory for all doctors working in such institutions.

(iii) The peripheral worker for maternal and child health care is the ANM. The present policy is to train this category of workers to meet the requirement of the Government programmes only. ANMs should be trained in as large number as possible so that besides serving in the Govt. health services, they would also be available to be self-employed and thus provide skilled maternity care to the community.

(iv) Para-professional and semi-professional workers from the community should be trained to provide simple promotive, preventive and curative health services needed by the community. Young persons, elementary school teachers, educated and willing house-wives should form part of the pool and these services should be planned to cover the entire country by the end of the Sixth Five Year Plan.

(v) The Government of India has sponsored the training of traditional birth attendants (dais) from the Second Plan period onwards. The training has been maintained at a very slow pace. It is necessary to step-up the pace of this training programme.

vi) Suitable incentives should be offered to make the training acceptable to the dais.

ii) Awareness should be created among the community regarding the dangers associated with accepting services from untrained dais with a view to exercising community pressure on the dais to receive the needed training. The training should be so organised that there would be at least one trained dais in every village by the end of the Sixth Plan period.

) There are text books on obstetrics and gynacology and paediatrics written by Indian authors. However, there are no books dealing with the common problems of maternal and child health which face the general practitioners in the community. A low-priced book on maternal and child health care should be published to serve as a reference book for doctors working in all the PHCs. Government hospitals, etc.

(ix) Similar manual or hand-book should be developed for the use of peripheral workers like the ANM.

III. Mass Education Programme

It is commonly agreed that many of the problems relating to health and nutrition deficiencies among women and children are due to lack of knowledge with regard to the facilities available in the field of health, family planning and nutrition. Also, the common practices inherent in the social and cultural milieu come in the way of utilising effectively some of the existing facilities. There is, therefore, an urgent need for undertaking mass education programmes to create awareness among general public, particularly in the rural areas and motivate them to use the existing services effectively. In this regard the following education programmes are contemplated:

(i) The formal education given to girls through the school system should aim to prepare them for better motherhood. This would mean that they should be taught subjects like personnel and environmental hygiene, human physiology, food and nutrition, mother and child health care, population problems and family planning. The inclusion of such subjects in the syllabus should be done by the Education Department.

(ii) Till such time as the full coverage of education programmes is achieved and large drop-out of girls is minimised, other media of education and information dissemination will have to be emphasised. For example, hospitals and PHCs should organise regular courses of instructions for pregnant mothers covering various aspects like diet and hygiene in pregnancy. preparation for child birth, breast feeding, child care and family planning. Fathers should also be encouraged to attend such courses and should be run regularly throughout the year. Films/Film strips and other educational maternal should be made available to the institutions concerned.

(iii) Courses of instructions covering health, family planning and nutrition should be organised for extension workers of other Government Departments like Gram Sewaks, Bal Sewikas, Teachers, Agricultural Extension Workers, etc. Similar courses should also be organised for community leaders, organisers of Mahila Mandals, etc.

(iv) Education programmes through mass media like radio, satellite, TV, posters should be organised to create awareness among the community on the health problems and needs of girls and women, on the available services in the area to ensure greater community participation and utilisation of services.

(v) Illustrated pamphlets and brochures in regional languages covering these subjects should also be freely distributed through all extension workers. A hand-book on maternal and child health care for general readership should be produced in all regional languages.

IV. Legislative Measures

There are areas in which legal provisions could help considerably in improving the health status of women and children. In what follows, some of these areas are highlighted:

(i) *Medical Termination of Pregnancy Act 1971.*

The Act has been envisaged as a health measure for women to protect them from the dangers inherent in getting unwanted pregnancy terminated stealthily by unqualified practitioners. There is a need to disseminate information regarding the provisions under this Act among women. Further, the facilities required under the Act should be provided through medical institutions not only in urban areas—as is done at present—but also through the institutions in semi-urban and rural areas.

(ii) *Age at Marriage of Women*:

The present statutory minimum age of marriage of girls under the Child Marriages Restraint Act is 15. There are instances of girls being married younger. Easly marriages and early pregnancies lead to greater pregnancy wastage, higher incidence of infant as well as maternal mortality. Though the age at marriage has been rising over the decades it has been very slow and there are regional differences. The age at marriage of women in several developed as well as developing countries has been above 20. The average age at marriage of girls in India is one of lowest in the world. It is in the interest of the health and welfare of the mother and child and to plan a family responsible that women attain adequate maturity before they marry and beget children. It is recommended that the statutory age at marriage for girls be raised from 15 to 18 and it may be more strictly enforced.

(iii) *Curb Advertisement of Baby Foods*:

The manufacturers of baby foods put forth grossly exaggerated claims for their products in their advertisements through the mass media. They often mislead mothers belonging to the middle and lower income groups who can ill afford such high priced commerical foods. Yet, they go after them because of the advertisements, and on account of the frivolous prestige and social status implied. This leads to neglect of breast feeding and use of traditional home-made foods for babies. The commulative results of this is very often faulty feeding of infants leading to mal-nutrition and diarrhoea contributing to illness and death among infants. The provisions of the Prevention of Food Adulteration Act should be invoked to prevent manufacturers of commercial baby foods from making exaggerated, unwarranted and misleading claims for their products.

(iv) *Provisions of Maternal and Child Health Services in Municipalities and Local Bodies*:

Women living in urban towns have special problems on account of the congested poor housing, nuclear families, working status etc. Provision of maternity and child health services should be made obligatory for Municipalities/Local Bodies.

(v) *Regulation of the Practice of Midwifery by unqualified Traditional Birth Attendants*:

The Nurses and Midwives Act requires that all those who practise midwifery should be registered. However, the provisions of this Act are not strictly enforced to cover unqualified midwives—particularly dais. If there is no clause, under the Act, for regularising the unqualified practising midwives, the Act should be amended accordingly and enforced strictly.

V. Role of Voluntary Organisations

Women voluntary organisations are best suited for motivation in the field of health, family planning and nutrition. There is, therefore, every need for creating a conducive climate for the functioning of such institutions, so that they can render the needed service effectively. The following measures are suggested in this regard:

(i) Women organisations working with a missionary zeal in the field of maternity care and child health should be given all legitimate assistance by the Central and the State Governments for carrying on the work, both in the shape of grants-in-aid and MCH supplies.

(ii) Voluntary organisations are also involved in the training of health manpower, particularly women workers. Such programmes should be further encouraged and regularised.

(iii) Voluntary organisations are currently involved in providing school health. Such services should be encouraged by providing the necessary assistance in terms of resources—men and materials.

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(iv) The women in slum areas in cities form a significant segment of the urban population. Women voluntary organisations should be assisted in rendering proper motivational and health services to this type of population.

(v) The services of voluntary organisations should be utilised in the dissemination of relevant health and family planning information to the women so that they are kept informed from time to time of the developments in this field and the facilities available.

(vi) Women voluntary organisations should be effectively used to function as liaison between the Government and the community, particularly in the matter of rendering MCH services, and also in enforcing the provisions of the Prevention of Food Adulteration Act.

(vii) Women voluntary organisations should be involved in conducting surveys, research studies etc. in areas relevant to the health care of women and children.

VI. Areas of Research

In addition to several plans of action envisaged above there is every need for augmenting the information available in the field of health, family planning and nutrition through the following research studies:

(i) The data available at present regarding maternal morbidity and mortality are based on hospital statistics and hence are of limited value. The system of registration of vital events is also incomplete. It is suggested that periodic special surveys be undertaken to study the pattern and causes of mortality and morbidity among women and female children. The studies should cover different communities and different regions. Such studies would also provide information on the relative value of age-structure, parity and other "High Risk" factors in the delivery of maternity services.

(ii) Practical service-oriented field studies should be undertaken to assess the felt needs of the community and their attitudes towards the services offered, with a view to providing guidlines for framing health policy decisions relating to the delivery of maternal care and family planning services.

(iii) Studies should be conducted on the inter-relationship between pattern of family formation, nutrition, health and causes and incidence of sterility.

(iv) Studies into attitudes, belief and practice of traditional birth attendants (dais) should be made to improve upon the training programme now designed for them and to obtain their greater participation in maternity and family planning services.

(v) The base line data will have to be established first against which the impact of this plan of action could be measured.

III. EMPLOYMENT

12. INTRODUCTION

12.1 The Constitution guarantees equality of opportunity in matters relating to employment and directs the State to secure equal rights to an adequate means of livelihood, equal pay for equal work and just and humane conditions of work. The impact of transition to a modern economy has resulted in the exclution of an increasing number of women from active participation in the productive process and only a limited recognition of their contribution and ability to contribute[9]. The factors which have caused such an exclusion need to be examined and corrective action and supportive measures initiated to ensure equal opportunity in the economic process "which would enable women to play their full and proper role in building up the nation"[9]

12.2 Fuller economic participation has to be understood then, in the context of human rights and social justice, utilization of human resources[10], bridging economic disparities and providing the impetus for social and economic change towards an equality of 'status'[11].

13. PARTICIPATION IN EMPLOYMENT

13.1 As stated in the Approach Paper to the Fifth Plan, the employment policy must aim at expanding both wage employment and self-employment and raising their productivity to achieve both economic growth and reduction in inequality[12]. The policy in regard to employment of women must be within this framework and it is within this framework that the aspirations in regard to women's economic and social development must be realised. Employment in the organised sector for both male and female is less than 10 per cent of the total employment. Women's employment in the organised sector is about 6 per cent of the total employment of women. As such, it is wage employment in the unorganised sector or self-employment particularly in rural areas, which need special attention and is more difficult to monitor.

A. WAGE EMPLOYMENT

Situation Analysis and Identification of Problem Areas

13.2 Wage employment is a result of economic activity and the opportunities for such wage employment can be considered as "set" to be shared by men and women. Any effort in the direction of securing more wage employment for women would decrease the wage employment for men. It must also be noted that the total number of women employment in the organised sector[13] at the end of March 1973 was 21.35 lakhs which was an increase of about 1.20 lakhs or 5.5 per cent over the position a year ago. Thus employment growth rate in this case was higher than the overall employment growth rate which was 4.1 per cent. In fact growth rates of women employment have been consistently higher than overall employment growth rates over the last three years[14]. On employment of women in the unorganised sector, no specific data are available[15].

13.3 *The problems* constraining participation of women as wage employees may be broadly listed as follows:

(i) Limited overall opportunities available for wage employment.

(ii) Attitudes to wage employment and working women, whether by women themselves, by men or society at large.

(iii) Prejudices of employers in terms of women's employment.

(iv) Inadequate education/training opportunities for women and attitudes to such education/training.

(v) Lack of easily available information and guidance on carrer choices *i.e.*, vocational counselling.

(vi) Inability to combine work with other household and child rearing responsibilities.

(vii) Lack of situational support: whether at home in terms of household work, availability of organised creches, etc., freedom from incessant child bearing, etc.

13.4 The Action Plan besides finding solutions to the problems affecting participation of women will have to actively promote participation of women so as to bring about improvement in the economic and social status of women and a positive change in the attitude towards working women. In this context analysis of the existing situation at a national level

8. "Report of the Committee on Status of Women in India—Towards Equality", Government of India, December 1974, pp. 365-366 (hereinafter referred to as CSWI Report.)
9. CSWI Report, p. 1.
10. CSWI, Report, pp. 148-149.
11. For a detailed discussion, see CSWI Report, pp. 6-7.
12. Planning Commission, Government of India "Approach to Fifth Plan 1974-79", January, 1973, pp. 1-5.
13. Organised sector is defined here as it is by DGET "All establishments in the Public Sector (except Defence) and non-agriculture sector establishments employing 10 or more in the private sector."
14. DGET, Government of India, "Employment Review", 1272-73, New Delhi, 1974, p. 34.
15. In terms of total employment as reflected in 1971 Census, there appears to be decrease in the employment growth rate of women However, comparisons of 1961 Census suffers from limitations of definition of what constitutes employment.

gh an examination of published data indicate the following guidelines will be meaningful:

(i) Increase participation of women in occupations where women can be more than or as 'productive' as men. 'Productive' both in terms of job/skill requirements and of women's ability to manage a job alongwith household chores and fulfil her child rearing responsibilities. The occupations indicated are largely those requiring either certain levels of professional/vocational/technical training and skills requiring manual dexterity in handling the work or non-formal education. The major occupations in which women are employed in significant numbers are nurses, other medical and health technicians, teachers, stenographers, typists, card punching operators, maids, sweepresses and such other service workers; plantation, forestry and mining labour; spinning, weaving, tobacco production. Some of these are occupation where women are perceived as being more/equally productive, in some employment is a result of economic incidence.

(ii) Encourage participation of women in occupation where women can be equally productive as men but where participation has been negligible. At the national level, some/such occupations indicated by the 1 per cent sample of the 1971 Census data are salesmen (Sales agents), Shop assistants and Demonstrators: Agents and Salesmen—Insurance.

(iii) Encourage participation in certain types of occupations where such increased participation will provide the impetus for change in women's status. This relates, particularly, to rural women educated and trained in rural institutions and seeking employment in rural areas. These are in subject fields, such as, Veterinary Science/Medicine, Commerce and Agriculture. As per the Census, G-Series table[16], there are such professionally trained women who are unemployed.

ACTION PLANS

.1 In addition to the action required by "The al Remuneration Act, 1976" which provides for

(a) The payment of equal remuneration to men and women workers: and

(b) Prevention of discrimination on the grounds of sex against women in the matter of employment and for matters connected therewith or incidental thereto.

he Central Government departments/agencies ell as each State Government *will determine in directions and how participation in each of these of occupations*, classified as indicated above, will creased. For instance.

(i) "Where women's participation is significant .....", ensure equal opportunities for in-service training;

(ii) "Where women's participation is negligible .....", ensure special facilities for/in-service training to women employees to develop useful additional skills multi-craft so that women employees can improve their careers; and

(iii) "For occupations participation which will provide the inpetus for change.. .....*in rural areas, at first point of entry*, give preference to women candidates, so long as they meet the job requirements.

II. Industries, such as, village industries which provide ample scope for the employment of women in rural areas, shall be promoted within the framework of the overall economic development plans. Efforts to secure participation of women in full measure in the promotion and management of such ventures, will be stepped up. These will require joint action by the State and concerned departments/agencies.

III. The maximum age of entering service for women —whether Government or Public Sector—should be raised up to 35 years of age to encourage married women who have dropped out of employment to fulfil chld bearng responsbilities (maximum of three) to re-enter employment.

IV. Each establishment, Public and private shall:

(i) Set up a committee to review recruitment, promotion and other personnel practices to ensure that there is no discrimination against women candidates and that re-entry of women, who have had to discontinue employment for child bearing/rearing reasons, is made possible and encouraged. Such a committee will include as its members women employees and where this is not possible because women employees are in negligible number, etc., women members will be co-opted from outside the establishment. Involvement of women employees, members of the establishment's selection, training promotion and other personnel committees, will also be encouraged.

(ii) Identify within the establishments work design jobs which can, without affecting productivity and smooth work flow, be undertaken on a part-time basis, such as, typing jobs, cashew curing work, etc. Having identified opportunities for part-time employment, women should be attracted to such jobs.

(iii) Give preference to women candidates, for all temporary and daily wage employment, provided they meet the minimum requirements.

(iv) Independently or in collaboration with other establishments and assistance of Government or other voluntary agencies.

6 Census of India, 1971—Series 1—India—Part VIII (1) Degree holders and technical personnel, Special Tables G.1–G-J pp. 28-147

(a) set-up creches and child care centres for working women;

(b) organise family planning education programmes; and

(c) set-up career counselling centres for employees' children with special programmes for female children.

V. For women, particularly agriculture labourers and women working on small establishments, the State will have to organise through State agencies and voluntary organisations creches and child care centres.

VI. (a) Review should be done of existing arrangement in employment exchanges to bring about improvements in facilities available for women in the matter of registration, vocational guidance, etc., which will help provide better employment facilities for women. Feasibility of mobile vocational counselling bureaus/training camps for women should be examined.

(b) Employment of women officers and staff in Employment Exchanges should be encouraged.

VII. Lack of necessary data in respect of employment in unorganised sector greatly districts any plans for employment, as the unorganised sector is crucial for employment generation. Hence, efforts should be made to generate the needed data on a periodic basis and at regular intervals.

VIII. The Advisory Committee as envisaged by the Equal Remuneration Act, 1976 to be set up by the appropriate Government will advise and oversee the specific action taken on the plans listed above.

15. REVIEW MECHANISMS AND FOLLOW-UP ACTION

15.1 Once the action plans are finalised, each agency/establishment will be called upon to integrate these into its manpower/personnel plans and indicate its plans and targets for 1976-77 on a simple proforma. As the number of establishments is large, a system for coordinating the information at the local level in homogeneous groups—location, size of establishment/industry classification—will be determined and responsibility, both at the National and State levels, assigned.

15.2 In March 1977, progress of action plans will be reviewed alongwith any other recommendation by the various establishments/agencies and advisory bodies for improving the employment status of women short-term (1977-79) as also over a decade.

B. SELF-EMPLOYMENT

16. Self-employment generates economic activity and can be viewed as providing unlimited opportunities for participation by males and females such that participation by one does not result in deprivation of opportunities to the other, except in the sense t total organised financial and other supporting servi are limited. Various programmes have been und taken by Government to promote self-employme through training and credit assistance.

17. All efforts should, therefore, be directed t wards enhancing self-employment for the large mass of women both in small towns and rural areas and n merely for the small minorities in the metropolit cities. The Approach to the Fifth Plan, in fact, e visaged expansion of self-employment in agricultur village and small industries, retail trade and servic

18. *Situation analysis and identification of problem* The problems and constraints that such self-employ ment activities in general face and consequently th nature of support they require, are being and con tinue to be investigated and dealt with. Over an above the constraints, which operate generally on a self-employment ventures, the significant constraint detering women from self-employment are as follows

(i) Women's illiteracy.

(ii) Attitude of women, men or society at large regarding women entrepreneurs resulting i inadequate motivation.

(iii) Inadequacy of facilities extended by credi institutions to business ventures organised by women.

(iv) Lack of training opportunities for women whether for skill training or for different aspects of production, marketing and entrepreneur skills.

(v) Inadequate knowledge of opportunities and market conditions as also how to go about setting up self-employment ventures.

(vi) Inadequate marketing arrangements.

19. Analysis of present self-employment opportunities availed of by women at the national level indicate the following broad classification:

(a) Traditional occupations open to women generally on the basis of their castes and which could be described as self-employment[18] (urban/rural separately).

(b) The self-employment occupation recently adopted by women[19] (urban/rural separately).

(c) The self-employment opportunities that are now being sponsored and encouraged and in which women's participation should be encouraged[20] (rural/urban separately).

The agencies, which are involved in promoting self-employment, will be the best judges for identifying the occupations whether traditional or those recently adopted by women or the new occupations which are to be sponsored encouraged. The idea is not

17. Draft Fifth Year Plan, Planning Commission, Government of India.
18. C.S.W.L., pp. P. 180-181.
19. C.S.W.I., p. 181 and DGET, Government of India, "Careers for Women" April 1970
20. Career Study Centre, Central Institute for Research and Training in Employment Services (DGET, Government of India): "Be Your Own Employer" and "Towards Self-employment", 1970 and 1971.

an indiscriminatory encouragement of all occupations but a studied policy. For instances, self-employment as tailors and dress makers, dairy & poultry farmers, etc.

20. The problems of literacy, health welfare, etc. have been discussed in the Chapters on Education, Health, Family Planning and Nutrition, etc. The pertinent question here is, having identified the occupation as per guidelines out about, what additional support and encouragement should be provided to women.

Action Plans

21. *Each organization/agency* (illustrative Table 6) concerned with promoting self-employment opportunities (or, may be, part-time employment) will, therefore, be required to do the following:

(i) Identify those occupations which fall in categories (a), (b) and (c) defined above, which they can encourage in terms of women's self-employment and indicate specific plans.

(ii) Organise publicity through mass education media particularly among rural areas, with regard to the facilities available for self-employment.

(iii) Develop special women's entrepreneurial training/motivation programmes.

(iv) Provide special assistance to women entrepreneurs in terms of applying for credit facilities, processing, licensing, requirements for raw-materials and such formalities, organising marketing arrangements, etc.

(v) Provide support to voluntary organizations/cooperatives promoting self-employment among women. Efforts in these directions by widows/unmarried mothers should receive priority assistance in terms of finance, permissible relaxation of conditions, etc.

(vi) In the year 1976-77, initiate and test pilot projects for encouraging self-employment and developing women entrepreneurs; these pilot projects would include both scheme to provide assistance to minimise difficulties faced by women as also schemes to provide financial and other incentives and assistance. Such pilot projects will be taken up on a priority basis for groups of women in the rural/backward regions or for educated but lower income levels in the urban areas and the feasibility and usefulness of these scheme in actual practice for extensive application would be tested.

(vii) Special training services will be organised for women and credit, marketing facilities, etc., extended specially in regard to crafts which can have a ready export market through modernisation of designs, etc., Integrated pilot projects to cover training, production and marketing should be started.

(vii) In subsequent years, based on insights gained develop specific plans of action to encourage women's participation in self-employment activities.

Specific Plans and Review Mechanisms

22. Organisations/agencies entrusted with the responsibility of promoting self-employment are required to initiate the following specific actions on a priority basis:

(i) Based on its scope, each agency will indicate by March 1976 its action plans including pilot/test projects for increasing self-employment facilities to women both in traditional and non-traditional occupations, particularly in rural areas.

(ii) In March 1977, they will submit a review of their activities against plans set, as also recommendations as to specific schemes to be initiated in coming years, based on their experience of pilot/test projects. The organisations/agencies will also indicate their plans of action for 1977-79, review mechanisms and additional financial support, where necessary, as also broad plans of action for the coming decade.

23. National/State-awards/other incentives will be declared to those organisation/agencies which recommend, based on their actual experiences/pilot projects, etc., schemes which have a broad-based application.

C. RESEARCH FOR FORMULATION OF POLICIES AND ACTION PLANS ON AN ON-GOING BASIS

24. A number of studies are available both on the quantitative and qualitative data on the position of women and their roles in different areas of activity. All these need to be coordinated and gaps in information filled. Towards this end, a research plan will have to be worked out by the Coordinating body in collaboration with established research organisations as also employer organisations and agencies concerned with self-employment etc. Such research should provide the basis for formulation of adequate policies and plans to promote the integration of women in the total development process.

25. These should include:

(a) Productivity studies occupation-wise (may be for selected occupations on a priority-data) for women and men.

(b) Studies of identify the problems and analysing the needs and requirements of weaker sections of women in terms of seeking and securing employment.

(c) Studies on motivations and attitudes toward occupational—particularly the non-traditional occupations.

(d) Estimates of the establishments' loss due to withdrawal and re-entry of women in employment.

(e) Other gaps in existing information—quantitative and qualitative particularly employment potential in unorganised sector.

26. At this stage, the studies can only be defined here in general terms. The coordinating central agency will have to work out by 1976-77 a time-bound bi-annual research plan.

D. LEGISLATIVE AND OTHER ACTIONS

27. Some changes in the existing legislation have been suggested"[21] such as—

(i) *Maternity Benefits Act* 1961: Extend the benefits under this Act to all employees. Further, the Act should be amended to corporate the anti-retrenchment clause cluded in ESI Act of 1948 and some prot tion for discontinuance upto 5 years child bearing etc. Review of the c benefits to meet pre-and post-matern nutritional needs etc.

(ii) *Creches*: Reduce the present limit of wom workers for application of the provisi under the Factories Act from 50 to Also extend these benefits to casual a contract labour. Establish day centres.

(iii) *Working Time*: Permission to work up 10 p.m.

(iv) *Employees' State Insurance*: Extend to areas not covered at present.

21. CSWI Report.

IV. SOCIAL WELFARE

28. As recognised in the Fifth Five Year Plan, even with expanded employment opportunities, the poor will not be able, with their level of earnings, to buy for themselves all the essential goods and services which should figure in any reasonable concept of a minimum standard of living. The measures for providing larger employment and incomes to the poorer sections will, therefore, have to be supplemented upto at least certain minimum standard, by social consumption and investment in the form of education, health, nutrition, drinking water, housing, communications and electricity, and social welfare services[22]. Social Welfare services* are intended to cater for the special needs of persons and groups, who by reason of some handicap—social, economic, physical or mental—are unable to avail of or are traditionally denied the amenities and services provided by the community.[23] Women are handicapped by social customs and social values and therefore social welfare services have and should specially endeavour to rehabilitate them by inducing a change in the attitudes of society towards women, their role and contribution.[24]

Identification of Problem Areas

29. A statement of a plan of social welfare programmes relating to women even if it is within the purview of the overall social welfare programmes, will help in providing the correct emphasis on the problems and development needs of the weaker sections of women and provide voluntary organisations and voluntary effort "a certain" direction. The problems and consequently the developmental action required are, it appears, unlimited and the resources are limited. As such, priorities have necessarily to be assigned.

30. Among women, the following categories and some of the problems faced by them, call for special attention on a priority basis. The categories are:

(A) Working women. To include
  (i) The low-income women living in tribal and backward rural areas and urban slums.
  (ii) The migrant women.
  (iii) The divorced/separated.
(B) Physically and mentally handicapped women.
(C) Widows with or without children.
(D) Destitute women.
(E) Women who come into conflict with law.
(F) Exploited women and unmarried mothers.

31. The problems faced by each of the above categories are numerous and some of them are common to other categories. To decide on action plan priorities, the handicaps and/or the factors which impose constraints need to be understood

A. WORKING WOMEN

32. According to 1971 Census, women workers constitute nearly 12 per cent of the total women population and well over 90 per cent of the women workers are found employed in rural areas.[25] It should be recognised here that the problems faced by women workers in rural areas are altogether different from those in the urban areas.

33. *Rural areas including tribal and backward areas*: Women workers in rural areas are largely landless agricultural labourers: members of households with uneconomic holdings: those engaged in traditional household industries like hand-spinning, handweaving, oil pressing, rice pounding, leather, tobacco processing, etc. These household industries—which are predominantly female labour intensive and which have been a major source of employment in villages—appear to have declined in importance during the post-Independence period.[26] This is also evidenced by the distinctly declining trend in employment of women workers in the rural areas between the decennial Census 1961 and 1971 (Refer Table 8). It has not been possible to reverse this trend because—

(i) Almost all the women workers in the rural areas are handicapped by illiteracy and lack of mobility.

(ii) In addition to this, incessant child bearing coupled with hard domestic work does not provide them any time to go through formal education/ training to acquire new skills. Facilities for acquiring new skills are still sparse.

34. *Urban Areas*: Women workers in the urban areas fall into three distinct categories:

(i) The first category consists largely of migrants from villages and members of families whose economic position has deteriorated to near starvation. The women of this class work mainly as domestic servants and as unskilled labour in various unorganised industries.

This category of women workers, who are largely slum dwellers, are below subsistence level. Their problems are to find a job

22. Government of India Planning Commission's "Approach to the Fifth Plan" January 1973, p. 9.
23. "Plans and Prospects of Social Welfare in India, 1251-61" Planning Commission.
24. CSWI Report p. 306.
25. See, Tables 8 and 10.
26. *Towards Equality*, Report of the Committee on the State of Women in India, Government of India, Ministry of Education and Social Welfare, December, 1974.

*See Table 7 for Plan outlays over the years.

which is secure or provides them regular income at least to subsist, a place for comfortable living, as most of them are away from their homes located in villages; and rehabilitation facilities for their families, particularly children, and preparing them for better livelihood, through better education and training; in that order.

(ii) The second category consists of women, who need employment either to keep their families away from starvation or to ensure better standard of living. Most of such women are found employed in industries, services and professions. Some are even self-employed.

In the case of this second category of women workers in urban areas, *their existence ranges from subsistence to security.* Some of these women, particularly those residing away from their families, are likely to be exposed to the dangers of exploitation from undesirable and anti-social elements. Personal security is therefore a major problem for them.

(iii) The third category consists of women who are highly educated and work in higher ranks of services and professions for personal satisfaction and independence. Belonging as they do at least to the *upper middle* class family, they do not as group face any serious problems requiring immediate attention here.

Divorced/separated women are part of each of these categories. Issues relating to working women have also been spelt out in the Employement Chapter.

B. PHYSICALLY AND MENTALLY HANDICAPPED WOMEN

35. There are several types of physical handicaps like blindness, deafness, orthopaedic handicap, leprosy, mental retardation, etc., which hinder the men from even entertaining the hopes of equal participation in the overall social activity. These problems are common to both men and women.

36. Estimates of physically handicapped women are not separately available. To provide a basis for the formulation of Fifth Five Year Plan, the working group on the Handicapped—constituted for the purpose—estimated that "India may have well over 12 million blind, deaf and orthopaedically handicapped persons. In addition, an estimated 2 million suffer from moderate to severe retardation. The number of persons suffering from leprosy is believed to be around 2.5 million.

37. *The basic problem* concerning these physical handicapped persons is lack of adequate facilities for differential medical care, educational, training and rehabilitation programmes and a lack of knowledge about these facilities by handicapped persons. Further, it is widely known that though the existing facilities are largely used by men, a majority of physically handicapped women are not coming forward to utilise the available facilities.

C. WIDOWS WITH OR WITHOUT CHILDREN

38. The 1971 Census distribution of women according to marital status indicates that roughly about 9 per cent of the women are widows.[27] Further they are almost evenly distributed between the rural and urban areas.

39. Widowhood is a curse for most of the women in India for various reasons:

(i) it is almost invariably accompanied by economic disaster. This is because a large number of the families in India survive at below subsistence level and hence death of a male earning member pushes down the families concerned to near starvation. Also many of the females are voluntarily out of work force.[28] And illiteracy remains the greatest barrier for the improvement of the economic position of widowed women, particularly in the rural areas.[29]

(ii) age-old traditions, social prejudices and cultural practices almost exclude widowed women from any socially productive work. Social acceptance of women is reduced with widowhood. In some communities/regions, there is almost a sort of social boycott of widowed women.

The problems faced by widowed women are not all the same as between different age-groups; and as between rural and urban areas.

(a) For widows in the younger age-group—particularly those belonging to 15-44 years of age—the problems are more related to economic independence and rehabilitation in the society—preferably through remarriage.[30]

(b) For widows in the age-group 45 and above, the problem is more that of social acceptance and security. Most of such women, if no previously employed, will be unfit for employment. Even in respect of employed women—widowed after 44 years of age—it is difficult to impart the needed training/skills for more remunerative jobs within the existing framework of education/training facilities.

27. See Table 9.

28. This is evidenced by the very low worth force participation rates among women in India, See Table 10.

29. Il literacy among women is of the order of 82 per cent in 1971. Refer Provisional Population Totals Paper I of 1971 supplements Census of India.

30. Widowed women in this age-group constitute about 10 per cent of all widowed women. See Table 9.

40. Problems of widowed women in the rural areas are even more severe than those in the urban areas. In addition, economic dependence and the social stigma attached to widowhood, there are no opportunities for their emancipation. Many of them are possibly not even aware of the efforts being made by the Government agencies through voluntary organisations to redress their miseries.

D. DESTITUTE WOMEN

41. These destitute women can be classified into three age-groups as their problems are different:

(i) *Below 15 years*: Persons in this group can be categorised as children. They are mostly orphans and are, therefore, deprived of the tender parental care. They are also subjected to malnutrition and the consequent diseases. This age-group, viz., below 15 years of age constitutes the formative years in a person's life, as the process of development and learning are most rapid during these young years. During these formative years, the effects of environment greatly influence the personality development, mental attitudes, moral character, etc. Often, destitute persons in this age-group fall a prey to the environmental disadvantages.

(ii) *15-44 years*: This second group of women are both in the productive and reproductive age-group. Their main problems are those pertaining to economic independence, social acceptance and security.

(iii) *45 years and above*: In the case of third group of destitute women, their major problem is social security. They are mostly unfit to be employed. They cannot even be trained to earn their livelihood.

E. WOMEN WHO COME INTO CONFLICT WITH LAW

42. Women who fall under this category, are (i) juvenile delinquents, (ii) women in moral and social danger—particularly those who indulge in immoral traffic and (iii) women prisoners.

(i) *Juvenile delinquents* are again a creation of the society. The environment in which they are brought up; the deprivation of proper nutrition and training/education which would enable them to earn a better livelihood, etc.

(ii) *Prostitutes*: Women subjected to severe economic distress and hardships often come into the clutches of persons who have vested interests in immoral traffic. Once they succumb they do not receive proper health care—curative and preventive treatment for the diseases associated with immoral traffic: many of them are not aware of the existing health care facilities and added to it is the innate fear of being exposed to the general public and the resulting social reactions. The existing health facilities are also not adequate and are not perceived as being sympathetic towards their health problems.

(iii) *Female prisoners*: Many of the problems faced by female prisoners are in common with male prisoners. However, some of the problems are peculiar to female alone. For example, women prisoners with children—particularly in case children are below five years—have problems in arranging for the care of their children. Also, problems in getting rehabilitated—after they are free are more severe in the case of women prisoners than men prisoners.

F. EXPLOITED WOMEN AND UNMARRIED MOTHERS

43. (i) *Out-of-wedlock Pregnancies*, are on the increase, judging from the number of abortions and live births among single women recorded at various institutions. Estimates of medical termination of pregnancies (MTP) in the case of single women alone range from 10 to 30 per cent of total MTP cases. In respect of live illegitimate births estimates based on hospital records range from 2 to 3 per cent of the total confinements. In reality many more clandestine live illegitimate births may be taking place which are not brought to public notice.

(ii) *Pre-marital pregnancies*, are as generally believed, no longer confined to the illiterate and depressed classes. According to some case studies in this field, nearly 50 per cent of the pre-marital pregnancies were observed in the case of women who are at least matriculates[31]. A few were graduates. Some of them were observed to be belonging to the privileged classes of the society. A more distressing feature, however, is that pre-marital pregnancies are being observed even in the case of school girls.

44. Among the reasons attributed to pre-marital pregnancies, inter-actions between various social, psychological and economic forces like break down of joint families: overwhelming poverty, rapid urbanisation bringing in its wake the social transformation which leads to increasing premissiveness, lack of communication between children and parents: emotional immaturity and craze for excitement among the youth; antipathy towards the introduction of basic sex education among school children, etc. are the most important reasons cited.

45. Permissiveness and promiscuity increase with rapid urbanisation and measures to avoid such pre-marital pregnancies is a long drawn social education

31. Ref: "*The Unwed Mother*", by Cecillia D'Souxa, The Times of India, November, 9, 1975.

problem and cannot be expected to decline rapidly. However, the problems concomitant to pre-marital pregnancies can and should at least be tackled effectively.

46. The action plans should be directed primarily to solving the problems of these six target groups (A—F).

There is considerable overlap both in terms of the causes and programmes and agencies concerned with eliminating the problems and building rehabilitation/development plans for these target groups. As such, the action plans are classified under broad groups of actions rather than in terms of categories of women discussed above:

I. Provision of Services/Infra-structure.

II. Education/Training Programmes for the Target Groups.

III. Promoting Voluntary Effort : The Role of women.

IV. Development of Human Resources.

V. Administrative Set-up and Coordination.

VI. Legislative Measures.

VII. Areas of Research.

47. The Fifth Five Year Plan has rightly emphasised the need for a shift in the approach towards social welfare, from a mere provision of curative and rehabilitative services—the kind of approach adopted during the past two decades of planning—to promoting the needed preventive and developmental aspects of social welfare. The action plans should necessarily have such a preventive and development orientation.

ACTION PLANS

1. PROVISION OF SERVICES/INFRA-STRUCTURE

48. (i) Services for the care of girls below 15:

(ii) Facilities for women in the productive age-group i.e., 15-45 years:

(iii) Programmes for the care of aged and infirm women: and

(iv) General welfare programmes.

Services for the Care of Girls below 15

49. There are three categories of children who need particular attention viz., children of working women, destitute children—particularly female children, and juvenile delinquents. The following action plans are suggested:

(1) The child population below 6 years of working mothers in urban and rural areas is estimated to be around 20 lakhs and 166 lakhs, respectively.[32] With a view to helping the working mother discharge her duties—both as a mother and worker—better family aid services like anganwadis, balwadis, creches and day care centres might be launched in a big way. Both in the rural and in the urban areas effort should be made to cover more than 40 per cent of the children of working mothers.

(2) There are about 11 lakh destitute children in the country.[33] The girls among them need particular attention, because they are likely to be exposed to social and moral dangers when they grow up. Efforts should be made to provide institutional facilities whether through the foster care programmes or otherwise for taking care of a majority of the destitute female children.

(3) It is not possible to discriminate between male and female juvenile delinquents, as the problems are common to both. However, the approach towards juvenile delinquency as such should be to provide the needed atmosphere for a child to develop personality, character and social conscience through setting up of catact clubs, play centres, juvenile guidance units, workshops, etc. etc.

(4) Holiday homes schemes initiated earlier to provide organised and guided recreational facilities to children can be one of the measures to prevent juvenile delinquency. Such facilities should at least be extended to cover all the children residing in the slums of major cities.

Facilities for Women in the Productive Age-Group

(5) In some selected urban areas, hostel facilities are available for working women of the lower income groups earning Rs. 50 to Rs. 800 per month. However, the coverage of the programme in terms of the proportion of working women needs to be stepped up considerably. Similarly, district-wise investigation would be undertaken about the need for working women's hostels and appropriate facilities set up. The matching contribution for grants for construction/addition/alterations should be stepped up.

(6a) Socio-economic programmes were initiated in 1958 with the objective of providing full or part-time work to the needy/destitute women and the physically handicapped either through full wage or a wage sufficient to supplement the meagre income of their families. These programmes should be expanded considerably in, both rural and urban areas, as they have the potential to provide the needed economic independence

32. See Report of the Task Force on Welfare of Children, Youth, Women and Handicapped (mimeo), Planning Commission, Yojna Bhawan, New Delhi.

33. Ibid.

to women belonging to the weaker sections and thus act as a preventive measure to many of the social evils.

6b) For effectively implementing these socio-economic programmes, active collaboration should be sought from agencies like Handicrafts Board, Handloom Board, Khadi and Village Industries Board, Small Industries Service Institute, Small Industries Development Corporations at the State level and the nationalised banks.

(7) To increase employment potential for the following types of schemes additional steps should be undertaken within the purview of socio-economic programmes:

(i) Small scale industries.

(ii) Units as ancillary to large production of handicrafts.

(iii) Units for the procurement and production of handicrafts.

(iv) Handloom training-cum-production units.

(v) Agro-based industries like dairy, poultry farms, etc.

(vi) Traditional female labour intensive industries like rice pounding, oil-pressing, etc.

his has also been discussed in the Chapter on employment).

(8) Attempts must be made to revitalise and activate the existing sick units falling under the purview of socio-economic programmes.

(9) Ways to improve the working, efficiency and effectiveness of Mahila Mandals must be studied and necessary action taken. They should be reoriented to aim at increasing the earning power of women in the rural areas.

0a) It is suggested that by the end of the Fifth Plan, about 10,000 Mahila Mandals should be developed throughout the country to provide an effective media for organising women welfare activities in the rural areas.

0b) Scholarship programmes of the Central and State Governments for the handicapped should be expanded considerably and efforts should be made to encourage women to make use of the scholarships available.

11) Sheltered workshops should be organised.

12) Schemes for the welfare of destitute women between the ages 18—44 and 45—65 providing for basic amenities of food, shelter, clothing, basic education and training in crafts should be implemented through voluntary organisations who may be given grants to cover 75 per cent of the expenditure. It is suggested that this scheme should be revived and implemented in all the States.

3) Homes for the rehabilitation of rescued and released women prisoners should be started in all towns with a minimum of 5 lakhs of population. Apart from providing shelter, food and clothing, the inmates should also be provided training in crafts like sewing, embroidery, knitting, etc. Efforts should, however, be made in the direction of making inmates self-sufficient and earn independent livelihood.

(14) In some such protective homes, insane women are housed along with other women which is an unhealthy and undesirable practice and should be discontinued.

Programmes for the Care of Aged and Infirm Women

(15) Women in the age-group 65 years and over constitute roughly 85 lakhs according to the 1971 Census. Many of the women lack absolutely any security. They are mostly dependent on their children who often desert them. Thus, even women belonging to upper middle classes are sometimes reduced to the status of destitute. Efforts should therefore, be made at least in a modest way to initiate social security measures through old age pension with the objective of providing economic independence to at least 25 per cent of women in the age-group particularly in the rural areas.

(16) For the women retired from active service and for those who are in need of some residential facilities, hostels should be started in all the major cities. If necessary, subsidies may also be extended under the grant-in-aid programmes.

General Welfare Programmes

(17) Slum clearance programmes should be initiated in all the major cities and towns with a minimum of 5 lakhs of population. People displaced should be provided alternative sites, with proper environmental sanitation, for building their homes.

(18) Zila Parishads and youths in the districts should be entrusted with drinking water supply projects.

(19) A vigorous campaign of education and action should be launched in favour of community sanitation and hygiene. Public utility services should be expanded. The practice of carrying night-soil as headloads must be eradicated.

II. EDUCATION/TRAINING PROGRAMMES FOR THE TARGET GROUPS

50. Analysis of the problems faced by the target group of women indicated that illiteracy, inadequate education/training, lack of facilities for training in alternative skills and lack of knowledge about the existing facilities are some of the major problems that have hindered the progress of women in India. There

is, therefore, the need for accelerating the efforts in this regard with renewed vigour. With this in view, the following action plans are recommended:

(Some of these action plans have also been considered in the Chapter on Education).

(1a) The Fourth Plan introduced a programme of functional literacy built round farmer's training in selected districts where high yielding varieties of crops were being cultivated.[34] It is estimated that about 90,000 women received this training during the Fourth Plan and about 5 to 7 lakhs of women are likely to be trained under this programme during the Fifth Plan. This programme must be extended to all the rural areas.

(1b) Apart from imparting knowledge about farming, the curriculum for women should include courses of training in occupational skills like kitchen gardening, food cultivation, poultry keeping, animal husbandry: household arts like cooking, nutritional values of foods locally available, sewing, knitting, etc.: and family planning.

(1c) Preference should be given to women belonging to scheduled castes, tribal women, widowed women and destitutes under this functional literacy programme.

(2a) For the non-student young girls without any education and school drop-outs—particularly for girls in the age-group 11—14 years, the pre-vocational training programmes should be reviewed and strengthened by enlarging the scope of training and by increasing the number of trades.

(2b) In respect of girls in the age-group 11—14 years, the objective of pre-vocational training should also be to train them to be self-sufficient in home management by organising courses of training in sewing, cooking, nutrition, minor repairs of the house, motherhood, child care, etc.

(2c) Pre-vocational programmes should be extended to cover girls in this age-group in the rural areas. In urban areas, preference should be given to girls in the slum areas and destitute girls.

(3) Condensed courses of education were started in 1958 with the twin objective of (a) opening new vistas of employment to a large number of deserving and needy women, and (b) creating a band of competent trained workers required to man the various projects in the rural areas in the shortest possible time. Under this scheme, women in the age-group 18—30 who have studied upto classes IV and VI are trained for middle school/matriculation examinations within a period of two years. The scheme was found very useful but the statistics reveal that the beneficiaries have been mostly women belonging to the middle class families. Preference should be given to women belonging to backward classes, widowed women and destitute women.

(4) Special efforts should be made to cover women belonging to scheduled castes and scheduled tribes through condensed courses. An incentive of Rs. 1,000 (as recommended by the Review Committee), be given to the institution for every successful scheduled caste/scheduled tribe candidate trained.

(5a) The condensed courses should be organised in a big way and for smaller groups of say 5 to 7 with the help of high schools and colleges for girls. Efforts should be made to cover about 215 lakh women under the condensed course programmes, during the Fifth Plan period.

(5b) Apart from imparting general education, condensed courses should also aim at imparting job-oriented training with the active cooperation of existing vocational training institutions.

(5c) Under this programme of condensed courses, short-term courses should be organised to retain women who have been temporarily out of job-market to fulfil child bearing responsibilities.

(5d) For the failed candidates, short-term course of six months to one year should be organised.

(5e) Special efforts should be initiated to follow-up successful candidates with a view to helping them in securing jobs.

(6) Pre-examination training facilities should be offered to duly qualified poor women with the objective of equipping them to successfully compete in examinations for public jobs. It is suggested that about 80 lakh girls in the age 14—17 may be covered under this programme during the Fifth Plan period.

(7) The school curricula in various States in India should encourage the doing away of traditional prejudices of inequality of the sexes.[35]

(8) Sex education should be introduced at the appropriate stage with the objective of also educating the young girls about the social and moral dangers they are likely to encounter.

(9) The value of physical training in the school curricula shall be emphasised.

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34. See Report of the task Force on Welfare of Children, Youth, Women and Handicapped (mimeo), Planning Commission, Yojna Bhawan, New Delhi. *Toward Equality*, p. 280.

35. Ibid, *Toward Equality*, pp. 281-282.

III. PROMOTING VOLUNTARY EFFORT : THE ROLE OF WOMEN

51. Voluntary welfare service organisations have been an integral part of the cultural and social traditions in India. Soon after independence, it was estimated that there were 10,000 voluntary organisations engaged in social welfare. In fact, all the schemes of Central Social Welfare Board are implemented only through voluntary organisations. The reorientation given to social welfare in the Fifth Plan calls for more effort on the part of both voluntary organisations and the State agencies involved. The following action plans are, therefore, warranted in this regard:

(a) Efforts should be made to promote a large number of voluntary organisations throughout the country. They have a critical role in mobilising public opinion in favour of equality among men and women, and eradicating superstitions, social evils and waste. The motivational strategy for encouraging voluntary organisations needs to be well-thought through and support facilities provided. Women should be promoted to take the initiative and responsibility for organising voluntary effort, for not only can they bring to the tasks the necessary dedication commitment and empathy: but their very presence will provide their socially handicapped sisters a source of inspiration and set in a cycle of social rejuvenation. All voluntary organisations particularly those concerned with social welfare *vis-a-vis* women must be encouraged to have women members. Women Panchayats, Mahila Mandals, working women, etc. should be encouraged to spearhead such voluntary activities. Mahila Mandals should be promoted in every village so that they can function as field level agencies for social and economic transformation.

(b) Most of the voluntary organisations have been operating independently of each other. They have, therefore, not been able to fully benefit the community. The role of existing organisations should be determined and measures should be initiated to coordinate/supplement the efforts of various organisations *at each district level.*

(c) Many of the women's voluntary organisations are located in urban areas, while only a few organisations have endeavoured to work amongst rural women. Efforts should be made to promote a large number of voluntary women's organisations in the rural backward and tribal areas and urban slum to mobilise public support for different programmes and to implement them. This calls for liberation of the rules regarding the matching grant through voluntary contributions, simplification of the rules and procedures of obtaining the grant as well as administering the organisations, provision of trained staff, organisation of leadership training programmes, etc.

IV. DEVELOPMENT OF HUMAN RESOURCES

52. Administration of various social welfare programmes have become increasingly technical. During the past two decades of developmental planning lack of technically competent workers has had an adverse impact on the quality and success of welfare programmes. With a view to provide the necessary support to various agencies, the following action plans are suggested:

(1) Training facilities for the workers attached to all the voluntary agencies, like Mahila Mandals should be initiated immediately. The training needs of workers, however, differ from organisation to organisation depending on the nature of tasks required to be performed.

(2) Through a proper investigation training requirements of workers in each district should be assessed and suitable training programmes designed.

(3) These training programmes should, as far as possible be organised at each district level.

(4) Trainees should preferably be local candidates.

(5) Effective implementation of the various socio-economic programmes require two cadres of workers: the grass-root workers and supervisory staff. The grass-root workers should be provided training in the latest techniques and methods of production with the active collaboration of well established industrial units and Industrial Training Institute. The supervisory staff, on the other hand, should be trained in advanced techniques of production, business management, personnel management, etc.

(6) In the case of handicrafts units under the socio-economic programme, practising craftsmen should be trained as instructors and appointed.

(7) Short-term orientation should also be given to the members of the managing committees of the units—under socio-economic programmes—about the general working of such unit.

(8) Senior level officers in charge of the socio-economic programmes should also be exposed to short-term orientation courses in business management and allied fields through Small Industries service Institutes, University departments of business management, etc.

V. ADMINISTRATIVE SET-UP AND COORDINATION

53. Administrative traditions in India have tended to attach least importance to departments dealing with social welfare. This is reflected even in the training imparted to administrators. Only recently it has been realised that administration must also be welfare-oriented. The federal nature of our policy vests a large responsibility for implementing social policy and

programmes with State and local authorities. There is, therefore, the need for reorganising the administrative set-up with a view to effectively implementing the various welfare programmes. The following action plans may be taken up for consideration:

(1) Orientation/Training programmes should be organised for social welfare personnel, particularly at decision making levels, to sensitise them to social welfare needs and adopt the extension approach of reaching out to the clients. The new developmental and preventive concept of welfare also needs to be imparted.

(2) Every State Department of Social Welfare should have a women's Welfare Division with responsibility for planning, programming and monitoring the implementation of schemes of women welfare.

(3) The Central Social Welfare Board is one of the most important agencies for the implementation of social welfare activities. It should be recognised and strengthened, and vested with larger funds and responsibilities for promoting and developing voluntary effort particularly in rural, backward and tribal areas and among the weaker sections of the community.

(4) The Central Social Welfare Board should launch a massive campaign for enlisting and developing a cadre of voluntary social workers who should be provided some normal assistance to enable them to carry out this work.

(5) State Social Welfare (Advisory) Boards should also be reorganised and strengthened.

(6) The State Board should also be made to function as liaison among the State Government and the local agencies.

(7) Suitable infrastructure should be developed at each district level and block level for implementing and expanding the programmes of Central Social Welfare Board.

(8) Trained social welfare workers should be associated with all the committees to be set-up by the Central Social Welfare Board.

VI. LEGISLATIVE MEASURES

54.(1) International experience indicates that evolving a sound social security system takes a long period of time. However, suitable enactment can be initiated to provide public assistance to select groups like destitute women and people above 65 years but without any means of livelihood. Assistance here need not be in the form of cash. It should be in the form of medical, housing, feeding and recreational facilities, etc.

(2) It should be open to the States and Union Territories to go in for taxation or special levy to finance such public assistance schemes without prejudice to any assistance made available to States and Union Territories from the Central Government under plan schemes.

(3) No child should be tried in adult courts nor should any child be sent to a jail.

(4) State Governments should enact legislation for apprehension, institutional treatment and rehabilitation of beggars, particularly women.

(5) Machinery should be set up for speedy and effective adjudication in all cases concerning the family, including the setting up of family welfare courts since the ordinary judicial procedure is not suited to handle such cases. Women, particularly in rural areas, should be protected against harassment.

(6) A vigorous campaign should be launched to educate women about their rights and the machinery through which they can seek their realisation.

(7) Active public support should be mobilised by government agencies, voluntary organisations and public leaders against child marriage and dowry to support the legislative measures for the eradication of these undesirable practices. Ostentatious weddings and other wasteful social ceremonies should be banned.

VII. AREAS OF RESEARCH

55. Primary data available with sources such as the Census, the National Sample Survey, are insufficient and are very scanty for social welfare planning, particularly on the needs and requirements of handicapped women, destitute women, women under the purview of the suppression of Immoral Traffic Act, etc. In view of this, the following areas of research are suggested:

(i) Studies on 'Social Profiles' with district as unit, wherein information on the prevailing conditions of social needs and requirements, etc., are investigated.

(ii) Studies on the requirements of physically handicapped children and women.

(iii) Studies on the requirements of destitute children and women.

(iv) Studies on the training requirements of workers in voluntary welfare organisations.

(v) Studies on the socio-economic and psychological factors behind the problem of premarital pregnancies.

(vi) Studies on the magnitude of problems facing prostitutes and their children such as problems of children of prostitutes, particularly female children.

V. LEGAL STATUS AND PROVISIONS

56. Legislation represents national intent and policy and it is necessary that existing legislation and personal laws be reviewed, appropriately amended or new laws formulated, to ensure equality before law among sexes. Equally important is the need to provide free legal services to weaker sections including women in need. A great deal has been done in recent months particularly regarding equal pay for equal work and steps are being taken for providing legal aid, etc. Needless to add, as has been emphasised in earlier Chapters, legislation in itself cannot achieve results, unless it is supported by socio-economic changes, an awareness of rights and responsibilities by the weaker sections, effective legal implementation and follow-up machinery.

57. Legislative measures *vis-a-vis* Employment: Health, Family Planning and Nutrition: Education; and Social Welfare have already been discussed in the concerned Chapters earlier.

A. MARRIAGE LAWS

58. The legal system should ensure full equality of sexes even in terms of the personal laws. There should be no compromise about the objective of having monogamy as the rule for all communities in India. Any compromise in this regard will only perpetuate the existing inequality of the status of women. Towards this end, the following measures are suggested:

(i) *Reform in law to prevent polygamy.*—Among some sections of the population, polygamy has legal sanction. However, before necessary changes in the law relating to polygamy are brought about, vigorous effort should be basically directed to generating initiative from among the affected groups so that by the end of 1985 it would be possible to have uniform legislation for all communities. For the purpose, the practices adopted in other countries with Muslim/Christian majority should be studied and made known widely.

(ii) *Enforcement of provision against bigamy under Hindu Marriage Act.*—The right to initiate prosecution for bigamy should be extended to persons other than the girl's family with prior permission of the court to prevent the current violation of this very salutary provision of the law which presents the socially accepted policy of the country. The approach should be towards making it a cognizable offence.

9. REGISTRATION OF MARRIAGES

59.1 Registration of marriages should be made mpulsory for all marriages. For this to be operanally effective, suitable administrative machinery will have to be designed particularly in the rural areas. Enforcement of this could be made operational through amendment to the Registration of Births and Deaths Act, 1969, to include compulsory registration of marriages.

60. MINIMUM AGE OF MARRIAGE

60. 1 The Child Marriage Restraint Act should be amended to raise the age of marriage for girls to 18 and that of boys to 21. However, for effective implementation, proper machinery for enforcing the minimum age at marriage should be designed.

B. PROHIBITION OF DOWRY

61. Penalties for offence under the Dowry Prohibition Act, 1961, should be suitably enhanced to make the implementation of the Act more effective. To bring about greater awareness of the evils of dowry, socio-educational programmes should be launched by social welfare organisations.

62. Government servants giving or taking dowry should be treated as having violated the Government Servants' Conduct Rules similar to the Government Servants' Conduct Rules relating to bigamy.

C. DIVORCE LAWS

63. Although there is right to divorce, variations and unequal treatment of sexes, *vis-a-vis* divorce, characterise the various personal laws. As a general principle, efforts should be made to bring about parity of rights for both partners regarding grounds for seeking dissolution of marriage by 1985. Here too, vigorous efforts should be made to that there is a demand from the affected group for uniformity of legislation.

D. THE LAWS RELATING TO INHERITANCE OF PROPERTY.

64. Action should be taken in conformity with the broad principles or equal rights of sons, daughters and widows to ancestral property.

64.1 The Indian Succession Act is not uniformly applicable to all sections of women. Efforts should be made for generating the initiative from among the affected groups of women for bringing about necessary changes in the Succession Act so that by the end of 1985 it is possible to have uniform legislation for all communities.

64.2 On divorce and separation, the wife should be entitled to some part of the assets acquired at the time of and during the time of marriage.

E. NATIONALITY LAWS

65. The present rule prevents the children of such Indian women from being considered as Indian citizens. Where the father and mother are separated and

the mother is the guardian, the justification for the applicability of the rule that the child's nationality will be transmitted through the father is required to be re-examined with reference to the relevant aspects which have a bearing in Private International Law. The Citizenship Act will, therefore, be modified if need be.

66. The procedures for regaining Indian Citizenship in the case of women of Indian origin, declared as Stateless are tedious and cumbersome. Efforts should, thereafter, be made to design simpler procedure in this regard and what is more, there must be a sympathetic and helpful orientation at its implementation stage.

F. NEEDED REFORMS IN CRIMINAL LAW

67. Bigamy.—The present law restricts jurisdiction of the court to the place where the bigamous marriage was performed or where the husband and wife last resided. This causes difficulties to the wife who may have to move on after being abandoned by her husband. Therefore, the provisions of the Criminal procedure relating to jurisdiction should be widened to include trial for bigamy in a court within whose jurisdiction the wife ordinarily resides.

G. ADOPTION

68. There is need to have a uniform secular and enabling law of adoption. The passage of the Adoption of Children Bill, 1972 should, therefore, be expedited.

TABLE 1 : PROGRESS OF GIRL'S EDUCATION

(Enrolment in million)

Year	Classes I-V			Classes VI-VIII			Classes IX-XI, XII			University Education		
	ENROLMENT		Col. 3 as percentage of Col. 2	ENROLMENT		Col. 6 as percentage of Col. 5	ENROLMENT		Col. 9 as percentage of Col. 8	ENROLMENT*		Col. 12 as percentage of Col. 11
	Total	Girls		Total	Girls		Total	Girls		Total	Girls	
1	2	3	4	5	6	7	8	9	10	11	12	13
1950-51 . . .	19.15	5.38	28.1	3.12	0.53	17.0	1.21	0.19	14.0	0.33	N.A.	N.A
1955-56 . . .	25.17	7.64	30.4	4.29	0.87	20.3	1.98	0.33	16.7	0.54	0.08	14.8
1960-61 . . .	34.90	11.40	32.6	6.70	1.63	24.3	3.03	0.56	18.5	0.74	0.15	20.3
1965-66 . . .	50.47	18.29	36.2	10.53	2.85	27.1	5.28	1.20	22.7	1.24	0.29	23.4
1968-69 . . .	54.39	20.18	37.1	12.05	3.34	27.7	6.83	1.74	25.5	1.69	N.A.	N.A.
1973-74 . . .	63.75	24.40	37.6	15.03	4.54	30.9	8.50	2.34	27.1	2.90	0.68**	23.5

Note: *Enrolment for University education consists of that for Arts, Science and Commerce.

**Enrolment for University education given for 1973-74 is the actual for 1972.

Source: 1. Draft Fifth Five Year Plan, 1974-77.

2. Statistical Abstract, India, 1969.

3. Educational Statistics at a Glance, 1972, Ministry of Education.

TABLE 2: LITERACY RATES ACCORDING TO THE 1971 CENSUS

Age-Group	LITERACY RATES		
	Male	Female	Total
Below 15	27·91 (1180493)	13.98 (1099742)	22.95 (2280235)
—24	61.54 (466893)	32.50 (439090)	47.47 (905983)
—34	49.27 (381266)	18.75 (384857)	33.94 766123
+	41.03 (1172085)	13.37 (1086903)	27.72 (2258988)
+	37.05 (790819)	10.43 (702046)	24.53 (1492865)

Note: Figures in parentheses represent the total population in the age group.

Source: Census of India 1971. Tabulation of one per cent data.

TABLE 3 : ENROLMENT AS PROPORTION TO THE POPULATION IN RESPECTIVE AGE GROUP IN 1973-74**

Classes	Enrolment as in millions			Enrolment as proportion population in the relevant groups		
	Male	Female	Total	Male	Female	To
I—IV	39.35	24.40	63.75	100.2	66.4	8
VI—VIII	10.49	4.54	15.03	48.3	22.2	3
IX—XI, XII	6.16	2.34	8.50	31.0	12.0	2
Higher Education	2.22	0.68	2.90	7.5	2.3	4

Notes: *Higher Education includes intermediates also.

**The relevant age-group are as under:

Class	Age group
I—IV	6—11
VI—VIII	11—14
IX—XI, XII	14—17
Higher Education	17—23

Source: 1. Draft Fifth Five Year Plan, 1974-75.
2. Educational Statistics at a Glance, 1972 Ministry of Education.

TABLE 4 : AVERAGE LIFE EXPECTANCY FOR MALES AND FEMALES IN INDIA (IN YEARS)

Decade	Males	Fema
1931—40	32.1	31.4
1941—50	32.4	31.7
1951—60	41.9	40.6
1971	47.1	45.6

Source: Country Statement—World Population Conference, Bucharest, 1971.

TABLE 5 : AGE SPECIFIC DEATH RATE, RURAL, 1968 AND 1969

Age Group	Death Rate			
	1968		1969	
	Male	Female	Male	Female
0—4	59.12	66.82	8.23	70.16
5—9	5.33	6.26	5.79	7.71
10—14	2.26	2.99	2.60	2.72
15—19	1.99	3.34	2.09	4.22
20—24	2.65	5.09	3.83	5.54
25—29	3.19	6.92	3.73	5.50
30—34	3.06	5.98	4.07	6.85
35—39	6.23	6.09	6.54	6.05
40—44	7.67	7.92	8.52	7.86
45—49	12.68	9.18	13.17	9.36
50—59	18.99	15.35	22.36	17.07
60+over	65.08	60.54	1.21	66.48
All ages	17.46	18.96	18.23	20.11
15—49	4.77	6.01	5.32	6.05

Source: Sample Registration Scheme of Registrar General of India.

TABLE 6:. LIST OF AGENCIES (GOVERNMENT AND OTHER) AND NATURE OF SUPPORT PROVIDED FOR SELF-EMPLOYMENT

Agencies	Business know-how	Extension Training	Technical assistance	Credit	Workshops/ sheds	Machinery	Raw Materials	Marketing assistance (domestic)	Export assistance trade	Incentives	Invention promotion	Managerial assistance
1	2	3	4	5	6	7	8	9	10	11	12	13
1. State Bank of India and all Nationalised Banks	×		×	×						×		×
2. State Financial Corporation					×	×						
3. State Industrial Development Corporation	×	×	×	×	×	×	×	×	×	×		×
4. Agro-Industries Development Corporation	×	×	×			×		×	×	×		×
5. Small Industries Service Institutes	×	×	×					×	×		×	
6. National Small Industries Corporation			×					×				
7. Small Industries Extension Training Institute	×	×	×					×	×			
8. State Trading Corporation/Minerals & Metals Trading Corporation									×			
9. Trade Development Authority									×			
10. Export Promotion Council										×		
11. Director of Invention Promotion Board											×	
12. National Research Development Corpn.		×										
13. Industrial Credit and Investment Corporation			×									
14. Reserve Bank of India			×									
15. National Alliance of Young Entrepreneurs Delhi	×	×						×	×		×	×
16. Federation of Association of Small Industries in India	×	×						×	×		×	×
17. National Co-operative Union		×	×									×
18. Khadi and Village Industries Commission	×	×	×	×	×	×	×	×	×	×		×
19. Handicraft Boards	×	×	×	×				×	×	×		

Notes: 1. Information is based on DGET "Career Information series 8 and 9", 1970 and 1971, respectively. The list of agencies and nature of support may not be complete.

2. A number of these agencies function through the State Government, Industries Department and some are controlled Directly by the Central Government.

3. This does not include professional training institutions.

TABLE 7 : OUTLAY ON SOCIAL WELFARE IN THE FIVE YEAR PLANS

Plan	Total Outlay (Rs. Crores)	Outlay for Social Welfare		Outlay for Soc Welfare as perce age of Total Outl
First (1951—56)	2356	4.00	(1.60)	0.2
Second (1956—61)	4600	19.00	(13.40)	0.3
Third (1961—66)	7500	31.26	(19.40)	0.26
Annual Plans (1966—69)		13.48	(11.56)	
Fourth (1969—74)	24882	92.94	(76.81)	0.16
Fifth (1974—79)	63751	63.53		0.09

Source: Relevant Five Year Plan Documents.

Notes: 1. Figures in brackets are actual expenditure.

2. Percentage worked out are on the bais of outlay for Social Welfare.

TABLE 8 : DISTRIBUTION OF FEMALE WORKERS BY RURAL/URBAN AREAS

(Figures in 000

Area	1961 Census	1971 Census
Rural	45319	27967
Urban	3303	3331
Total	48622	31297

Source: Census of India. Report of Resurvey on Economic Question, Source Results. Miscellaneous Study, Paper I of 1974, Registe General and Census Commissioner of India. New Delhi.

TABLE 9 : DISTRIBUTION OF WIDOWS ACCORDING TO AGE AND RURAL/URBAN AREAS

(Figures in 00's)

Age	Total	Rural	Urban
0—14	200	178	22
	(0.09)	(0.09)	(0.5)
15—39	24542	20398	4150
	(10.67)	(10.66)	(10.37)
40—44	18797	15538	3259
	(8.12)	(8.12)	(8.15)
45—59	79344	65069	14275
	(34.28)	(34.00)	(35.68)
60 & above	108517	90211	18306
	(46.90)	(47.13)	(45.75)
Total widowed women	231406	191394	40012
	(100.00)	(100.00)	(100.00)
Total female population	2630731	2129404	501327

Source: The Census 1971 Registrar General and Census Commissioner of India. New Delhi.

Note: Figures within brackets indicate percentages.

TABLE 10 : WORK FORCE PARTICIPATION OF POPULATION BY SEX. RURAL/URBAN BREAK-UP

Sex	1961 Census			1971 Census		
	Rural	Urban	Total	Rural	Urban	Total
Male	56.96	51.56	55.94	53.46	48.82	52.50
Female	25.66	9.13	22.85	13.09	6.62	11.85
Total persons	41.60	32.13	39.90	33.81	29.33	32.92

Source: Census of India. Repor. on Resurvey on Economic Question—Source Results. Miscellaneous Studies. Paper I of 1974. Registrar General and Census Commissioner of India. New Delhi.

Note: Figures for 1961 are adjusted to the concept of worker adopted in the context of the 1971 Census.

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Extract From National Health Policy

**Need for evolving a health policy—
the revised 20-Point Programme**

5. India is committed to attaining the goal of "Health for All by the Year 2000 A.D." through the universal provision of comprehensive primary health care services. The attainment of this goal requires a thorough overhaul of the existing approaches to the education and training of medical and health personnel and the reorganisation of the health services infrastructure. Furthermore, considering the large variety of inputs into health, it is necessary to secure the complete integration of all plans for health and human development with the overall national socio-economic development process, specially in the more closely health related sectors, e.g. drugs and pharmaceuticals, agriculture and food production, rural development, education and social welfare, housing, water supply and sanitation, prevention of food adulteration, maintenance of prescribed standards in the manufacture and sale of drugs and the conservation of the environment. In sum, the contours of the National Health Policy have to be evolved within a fully integrated planning framework which seeks to provide universal, comprehensive primary health care services, relevant to the actual

needs and priorities of the community at a cost which the people can afford, ensuring that the planning and implementation of the various health programmes is through the organised involvement and participation of the community, adequately utilising the services being rendered by private voluntary organisations active in the Health sector.

5.1. It is also necessary to ensure that the pattern of development of the health services infrastructure in the future fully takes into account the revised 20-Point Programme. The said Programme attributes very high priority to the promotion of family planning as a people's programme, on a voluntary basis; substantial augmentation and provision of primary health care facilities on a universal basis; control of Leprosy, T.B. and Blindness; acceleration of welfare programmes for women and children; nutrition programmes for pregnant women, nursing mothers and children, especially in the tribal, hill and backward areas. The Programme also places high emphasis on the supply of drinking water to all problem villages, improvements in the housing and environments of the weaker sections of society; increased production of essential food items; integrated rural developments; spread of universal elementary education; expansion of the public distribution system, etc.

Population stabilisation

6. Irrespective of the changes, no matter how fundamental, that may be brought about in the over-all approach to health care and the restructuring of the health services, not much headway is likely to be achieved in improving the health status of the people unless success is achieved in securing the small family norm, through voluntary efforts, and moving towards the goal of population stabilisation. In view of the vital importance of securing the balanced growth of the population, it is necessary to enunciate, separately, a National Population Policy.

Medical and Health Education

7. It is also necessary to appreciate that the effective delivery of health care services would depend very largely on the nature of education, training and appropriate orientation towards community health of all categories of medical and health personnel and their capacity to function as an integrated team, each of its members performing given tasks within a coordinated action programme. It is, therefore, of crucial importance that the entire basis and approach towards medical and health education, at all levels, is reviewed in terms of national needs and priorities and the curricular and training programmes restructured to produce personnel of various grades of skill and competence, who are professionally equipped and socially motivated to effectively deal with day-to-day problems, within the existing constraints.

Towards this end, it is necessary to formulate, separately, a National Medical and Health Education Policy which (i) sets out the changes required to be brought about in the curricular contents and training programme of medical and health personnel, at various levels of functioning; (ii) takes into account the need for establishing the extremely essential inter-relations between functionaries of various grades; (iii) provides guidelines for the production of health personnel on the basis of realistically assessed manpower requirements; (iv) seeks to resolve the existing sharp regional imbalances in their availability; and (v) ensures that personnel at all levels are socially motivated towards the rendering of community health services.

Need for providing primary health care with special emphasis on the preventive, promotive and rehabilitative aspects

8. Presently, despite the constraint of resources, there is disproportionate emphasis on the establishment of curative centres—dispensaries, hospitals, institutions for specialist treatment—the large majority of which are located in the urban areas of the country. The vast majority of those seeking medical relief have to travel long distance to the nearest curative centre, seeking relief for ailments which could have been readily and effectively handled at the community level. Also, for want of a well established referral system, those seeking curative care have the tendency to visit various specialist centres, thus further contributing to congestions, duplication of efforts and consequential waste of resources. To put an end to the existing all-round unsatisfactory situation, it is urgently necessary to restructure the health services within the following broad approach :

(1) To provide, within a phased, time-bound programme a well dispersed network of comprehensive primary health care services, integrally linked with the extension and health education approach which takes into account the fact that a large majority of health functions can be effectively handled and resolved by the people themselves, with the organised support of volunteers, auxilliaries, para-medics and adequately trained multi-purpose workers of various grades of skill and competence, of both sexes. There are a large number of private, voluntary organisations active in the health field, all over the country. Their services and support would require to be utilised and intermeshed with the governmental efforts, in an integrated manner.

(2) To be effective, the establishment of the primary health care approach would involve large scale transfer of knowledge, simple skills and technologies to Health Volunteers, selected by the communities and enjoying their confidence. The functioning of the front line workers, selected by the

community would require to be related to definitive action plans for the translation of medical and health knowledge into practical action, involving the use of simple and inexpensive interventions which can be readily implemented by persons who have undergone short periods of training. The quality of training of these health guides/workers would be of crucial importance to the success of this approach.

The success of the decentralised primary health care system would depend vitally on the organised building up of individual self-reliance and effective community participation; on the provision of organised, back-up support of the secondary and tertiary levels of the health care services, providing adequate logistical and technical assistance.

(4) The decentralisation of services would require the establishment of a well worked out referral system to provide adequate expertise at the various levels of the organisational set-up nearest to the community, depending upon the actual needs and problems of the area, and thus ensure against the continuation of the existing rush towards the curative centres in the urban areas. The effective establishment of the referral system would also ensure the optimal utilisation of expertise at the higher levels of the heirarchical structure. This approach would not only lead to the progressive improvement of comprehensive health care services at the primary level but also provide for timely attention being available to those in need of urgent specialist care, whether they live in the rural or the urban areas.

(5) To ensure that the approach to health care does not merely constitute a collection of disparate health interventions but consists of an integrated package of services seeking to tackle the entire range of poor health conditions, on a broad front, it is necessary to establish a nation-wide chain of sanitary-cum-epidemiological stations. The location and functioning of these stations may be between the primary and secondary levels of the heirarchical structure, depending upon the local situations and other relevant considerations. Each such station would require to have suitably trained staff equipped to identify, plan and provide preventive, promotive and mental health care services. It would be beneficial, depending upon the local situations, to establish such stations at the Primary Health Centres. The district health organisation should have, as an integral part of its set-up, a well organised epidemiological unit to coordinate and superintend the functioning of the field stations. These stations would participate in the integrated action plans to eradicate and control diseases, besides tackling specific local environmental health problems.

In the urban agglomerations, the municipal and local authorities should be equipped to perform similar functions, being supported with adequate resources and expertise, to effectively deal with the local preventable public health problems. The aforesaid approach should be implemented and extended through community participation and contributions, in whatever form possible, to achieve meaningful results within a time-bound programme.

(6) The location of curative centres should be related to the populations they serve, keeping in view the densities of population, distances, topography, transport connections. These centres should function within the recommended referral system, the gamut of the general specialities required to deal with the local disease patterns being provided as near to the community as possible, at the secondary level of the hierarchical organisation. The concept of domiciliary care and the field-camps approach should be utilised to the fullest extent, to reduce the pressures on these centres, specially in efforts relating to the control and eradication of Blindness, Tuberculosis, Leprosy, etc. To maximise the utilisation of available resources, new and additional curative centres should be established only in exceptional cases, the basic attempt being towards the upgradation of existing facilities, at selected locations, the guiding principle being to provide specialist services as near to the beneficiaries as may be possible, within a well-planned network. Expenditure should be reduced through the fullest possible use of cheap locally available building materials, resort to appropriate architectural designs and engineering concepts and by economical investment in the purchase of machineries and equipments, ensuring against avoidable duplication of such acquisitions. It is also necessary to devise effective mechanisms for the repair, maintenance and proper upkeep of all bio-medical equipments to secure their maximum utilisation.

(7) With a view to reducing governmental expenditure and fully utilising untapped resources, planned programmes may be devised, related to the local requirements and potentials, to encourage the establishment of practice by private medical professional, increased investment by non-governmental agencies in establishing curative centres and by offering organised logistical, financial and technical support to voluntary agencies active in the health field.

(8) While the major focus of attention in restructuring the existing governmental health organisations would relate to establishing comprehensive

primary health care and public health services, within an integrated referral system, planned attention would also require to be devoted to the establishment of centres equipped to provide speciality and super-speciality services, through a well dispersed network of centres, to ensure that the present and future requirements of specialist treatment are adequately available within the country. To reduce governmental expenditures involved in the establishment of such centres, planned efforts should be made to encourage private investments in such fields so that the majority of such centres, within the governmental set-up, can provide adequate care and treatment to those entitled to free care, the affluent sectors being looked after by the paying clinics. Care would also require to be taken to ensure the appropriate dispersal of such centres, to remove the existing regional imbalances and to provide services within the reach of all, whether residing in the rural or the urban areas.

(9) Special, well-coordinated programmes should be launched to provide mental health care as well as medical care and the physical and social rehabilitation of those who are mentally retarded, deaf, dumb, blind, physically disabled, infirm and the aged. Also, suitably organised programmes would require to be launched to ensure against the prevention of various disabilities.

(10) In the establishment of the re-organised services, the first priority should be accorded to provide services to those residing in the tribal, hill and backward areas as well as to endemic disease affected populations and the vulnerable sections of the society.

(11) In the re-organised health services scheme, efforts should be made to ensure adequate mobility of personnel, at all levels of functioning.

(12) In the various approaches, set out in (1) to (11) above, organised efforts would require to be made to fully utilise and assist in the enlargement of the services being provided by private voluntary organisations active in the health field. In this context, planning encouragement and support would also require to be afforded to fresh voluntary efforts, specially those which seek to serve the needs of the rural areas and the urban slums.

Re-orientation of the existing health personnel

9. A dynamic process of change and innovation is required to be brought about in the entire approach to health manpower development, ensuring the emergence of fully integrated bands of workers functioning within the "Health Team" approach.

Private practice by governmental functionaries

10. It is desirable for the States to take steps to phase out the system of private practice by medical personnel in government service, providing at the same time for payment of appropriate compensatory non-practising allowance. The States would require to carefully review the existing situation, with special reference to the availability and dispersal of private practitioners, and take timely decisions in regard to this vital issue.

Practitioners of indigenous and other systems of medicine and their role in health care

11. The country has a large stock of health manpower comprising of private practitioners in various systems, for example, Ayurveda, Unani, Sidha, Homoeopathy, Yoga, Naturopathy, etc. This resource has not so far been adequately utilised. The practitioners of these various systems enjoy high local acceptance and respect and consequently exert considerable influence on health beliefs and practices. It is, therefore, necessary to initiate organised measures to enable each of these various systems of medicine and health care to develop in accordance with its genius. Simultaneously, planned efforts should be made to dovetail the functioning of the practitioners of these various systems and integrate their services, at the appropriate levels, within specified areas of responsibility and functioning, in the over-all health care delivery system, specially in regard to the preventive, promotive and public health objectives. Well considered steps would also require to be launched to move towards a meaningful phased integration of the indigenous and the modern systems.

Problems requiring urgent attention

12. Besides the recommended restructuring of the health services infrastructure, reorientation of the medical and health manpower, community involvement and exploitation of the services of private medical practitioners, specially those of the traditional and other systems, involvement and utilisation of the services of the voluntary agencies active in the health field, etc., it would be necessary to devote planned, time-bound attention to some of the more important inputs required for improved health care. Of these, priority attention would require to be devoted to :

(i) *Nutrition* : National and regional strategies should be evolved and implemented, on a time-bound basis, to ensure adequate nutrition for all segments of the population through a well developed distribution system, specially in the rural areas and urban slums. Food of acceptable quality

must be available to every person in accordance with his physical needs. Low cost, processed and ready-to-eat foods should be produced and made readily available. The over-all strategy would necessariiy involve organised efforts at improving the purchasing power of the poorer sections of the society. Schemes like employment guarantee scheme, to which the government is committed could yield optimal results if these are suitably linked to the objective of providing adequate nutrition and health cover to the rural and the urban poor. The achievement of this objective is dependent on integrated socio-economic development leading to the generation of productive employment for all those constituting the labour force. Employment guarantee scheme and similar efforts would require to be specially enforced to provide social security for identified vulnerable sections of the society. Measures aimed at improving eating habits, inculcation of desirable nutritional practices, improved and scientific utilisation of available food materials and the effective popularisation of improved cooking practices would require to be implemented. Besides, a nation-wide programme to promote breast feeding of infants and eradication of various social taboos detrimental to the promotion of health would need to be initiated. Simultaneously, the problems of communities afflicted by chronic nutritional disorders should be tackled through special schemes including the organisation of supplementary feeding programmes directed to the vulnerable sections of the population. The force and effect of such programmes should be ensured by delivering them within the setting of fully integrated health care activities, to ensure the inculcation of the educational aspects, in the over-all strategy.

(ii) *Prevention of food adulteration and maintenance of the quality of drugs :* Stringent measures are required to be taken to check and prevent the adulteration and contamination of foods at the various stages of their production, processing, storage, transport, distribution, etc. To ensure uniformity of approach, the existing laws would require to be reviewed and effective legislation enacted by the Centre. Similarly, the most urgent measures require to be taken to ensure against the manufacture and sale of spurious and sub-standard drugs.

(iii) *Water supply and sanitation :* The provision of safe drinking water and the sanitary disposal of waste waters, human and animal wastes, both in urban and rural areas, must constitute an integrated package. The enormous backlog in the provision of these services to the rural population and in the urban agglomerations must be made up on the most urgent basis. The provision of water supply and basic sanitation facilities would

not automatically improve health. The availability of such facilities should be accompanied by intensive health education campaigns for the improvement of personal hygiene, the economical use of water and the sanitary disposal of waste in a manner that will improve individual and community health. All water-supply schemes must be fully integrated with efforts at proper water management, including the drainage and disposal of waste waters. To reduce expenditures and for achieving a quick headway it would be necessary to devise appropriate technologies in the planning and management of the delivery systems. Besides, the involvement of the community in the implementation and management of the systems would be of crucial importance, both for reducing costs as well as to see that the beneficiaries value and protect the services provided to them.

(iv) *Environmental protection :* While preventive, promotive, public health services are established and the curative services re-organised to prevent, control and treat diseases, it would be equally necessary to ensure against the haphazard exploitation of resources which cause ecological disturbances leading to fresh health hazards. It is, therefore, necessary that economic development plans, in the various sectors, are devised in adequate consultation with the Central and the State Health authorities. It is also vitally essential to ensure that the present and future industrial and urban development plans are centrally reviewed to ensure against congestions, the unchecked release of noxious emissions and the pollution of air and water. In this context, it is vital to ensure that the siting and location of all manufacturing units is strictly regulated, through legal measures, if necessary. Central and State Health authorities must necessarily be consulted in establishing locational policies for industrial development and urbanisation programmes. Environmental appraisal procedures must be developed and strictly applied in according clearance to the various developmental projects.

(v) *Immunisation programme :* It is necessary to launch an organised, nation-wide immunisation programme, aimed at cent percent coverage of targetted population groups with vaccines against preventable and communicable diseases. Such an approach would not only prevent and reduce disease and disability but also bring down the existing high infant and child mortality rate.

(vi) *Maternal and Child Health Services :* A vicious relationship exists between high birth rates and high infant mortality, contributing to the desire for

more children. The highest priority would, therefore, require to be devoted to efforts at launching special programmes for the improvement of maternal and child health, with a special focus on the less privileged sections of society. Such programmes would require to be decentralised to the maximum possible extent, their delivery being at the primary level, nearest to the doorsteps of the beneficiaries. While efforts should continue at providing refresher training and orientation to the traditional birth attendants, schemes and programmes should be launched to ensure that progressively all deliveries are conducted by competently trained persons so that complicated cases receive timely and expert attention, within a comprehensive programme providing ante-natal, intra-natal and post-natal care.

(vii) *School health programme* : Organised school health services, integrally linked with the general, preventive and curative services, would require to be established within a time-limited programmes.

(viii) *Occupational health services* . There is urgent need for launching well-considered schemes to prevent and treat diseases and injuries arising from occupational hazards, not only in the various industries but also in the comparatively un-organised sectors like agriculture. For this purpose, the coverage of the Employees State Insurance Act, 1948, may be suitably extended ensuring adequate coordination of efforts with the general health services. In their respective spheres of responsibility, the Centre and the States must introduce organised occupational health services to reduce morbidity, disabilities and mortality and thus promote better health and increased welfare and productivity on all fronts.

Health education

13. The recommended efforts, on various fronts, would bear only marginal results unless nation-wide health education programmes, backed by appropriate communication strategies are launched to provide health information in easily understandable form, to motivate the development of an attitude for healthy living. The public health education programmes should be supplemented by health, nutrition and population education programmes in all educational institutions, at various levels. Simultaneously, efforts would require to be made to promote universal education, specially adult and family education, without which the various efforts to organise preventive and promotive health activities, family planning and improved maternal and child health cannot bear fruit.

Goals for Health and Family Welfare Programmes

Sl. No.	Indicator	Current level	Goals 1985	1990	2000
1	2	3	4	5	6
1.	Infant mortality rate	Rural 136 (1978)	122		
		Urban 70 (1978)	60		
		Total 125 (1978)	106	87	below 60
	Perinatal mortality	67 (1976)			30-35
2.	Crude death rate	Around 14	12	10.4	9.0
3.	Pre-school child (1-5 yrs.) mortality	24 (1976-77)	20-24	15-20	10
4.	Maternal mortality rate	4-5 (1976)	3-4	2-3	below 2
5.	Life expectancy at birth (yrs.)	Male 52.6 (1976-81)	55.1	57.6	64
		Female 51.6 (1976-81)	54.3	57.1	64
6.	Babies with birth weight below 2500 gms. (percentage)	30	25	18	10
7.	Crude birth rate	Around 35	31	27.0	21.0
8.	Effective couple protection (percentage)	23.6 (March, 82)	37.0	42.0	60.0
9.	Net Reproduction Rate (NRR)	1.48 (1981)	1.34	1.17	1.00
10.	Growth rate (annual)	2.24 (1971-81)	1.90	1.66	1.20
11.	Family size	4.4 (1975)	3.8		2.3
12.	Pregnant mothers receiving ante-natal care (%)	40-50	50-60	60-75	100
13.	Deliveries by trained birth attendants (%)	30-35	50	80	100

1	2	3	4	5	6
14.	Immunisations status (% coverage)				
	TT (for pregnant women)	20	60	100	100
	TT (for school children)				
	10 years		40	100	100
	16 years	20	60	100	100
	DPT (children below 3 years)	25	70	85	85
	Polio (infants)	5	50	70	85
	BCG (infants)	65	70	80	85
	DT (new school entrants 5-6 years)	20	80	85	85
	Typhoid (new school entrants 5-6 years)	2	70	85	85
15.	Leprosy —percentage of disease arrested cases out of those detected	20	40	60	80
16.	TB—percentage of disease arrested cases out of those detected	50	60	75	90
17.	Blindness—Incidence of (%)	1.4	1	0.7	0.3

Source : India. Ministry of Health and Family Welfare. National Health Policy. New Delhi, 1983.

DRAFT

NATIONAL POPULATION POLICY

The National Population Policy of India, as defined in this document, aims at bringing about conditions which will help people lead healthier and fuller lives. The policy seeks to achieve this through direct promotion of family planning as an essential component of the total package of health services, particularly these relating to maternal and child health care, and, as part of this package, with the process of development and a whole. The policy is one of the essential components of the national strategy of growth with places equal emphasis on acclerated development and distributive justice and recognises the fact that the process of development is apt to be lopsided unless socio-economic imbalances amongst the people, including imbalances in their health status, are removed speedily. It looks at birth control not as an end in itself but as a vital means to the attainment of the goal of "Health for all" in the shortest possible time.

2. In India, as in most developing countries, poverty and population explosion are closely inter-related. Where poverty is more pronounced, birth rates are equally high. Infant mortability rates are also high amongst the poor. In the national strategy of growth, special attention is being given to the uplift of the weaker sectors of the society through a number of time-bound programmes, including provision of clean drinking water and large scale construction of houses in villages, liquidation of rural indebtedness, slums, clearance and uplift of people living in slums. The 20 - point economic programme of progress which is a part of the national strategy of growth, imparts greater substance and speed to the process of equalitarian development of the society. In the final analysis, socio-economic development, with equity as its central, thread should bring

about a situation which may induce people to take to family planning as a way of life. The National Population Policy recognises this fact and places maximum emphasis on the strengthening and expansion of health and family planning services in rural areas and slums in cities.

3. India's population has been increasing at a very rapid rate. In 1901 it was around 24 crores. By 1951 it had increased to 36 crores representing 50 percent rise in 50 years. In the next two decades, i.e. between 1951 and 1971 it rose to 54 crores - representing another increase of 50 per cent in just 20 years. According to the population projections worked out by the Registrar General of India, the population on March 1, 1981, was expected to be in the neighbourhood of 66 crores. At the present rate of growth, which is slightly less than two per cent, it may rise to 79.9 crores by 1991 and to around 90 crores by the turn of the century. This has got serious implications which have to be taken urgent cognizance of. Already much of the immense progress that has been made in other areas of development has been neutralised by the phenomenon of population explosion. The average family and the nation as a whole have not derived the expected benefits in the desired measure from this progress because of the neutralising effect of rapid growth in population. Another important facet of our situation is the young age structure of our society. Nearly 42 per cent of the people are below the age of 14 years. This means high dependency ratio and a heavy burdon on the wage-earners. It also means high potentiality for rising trends in growth rate because of the the proximity of the youth of today to the area of materimony Large size of the population high growth rate and on age structure which further favours higher birth rates mark the demographic situation as it exists today. This situation cannot be tackled effectively by the Ministry of Health and Family Welfare and their counterparts in the States

alone. It has to be tackled as part of the total national effort to make life better for the people and to reduce inequalities amongst them. In this effort all development agencies, public spirited organisations and the community as a whole must be involved. Voluntary participation of all sectors of the society is indeed the sine due non of the National Population Policy, both in relation to its direct bearing on population control programme as well as in relation to its potential contribution to the national process of accelerating development with social justice as its keynote.

4. India was one of the first countries in the world to launch in officially - sponsored family planning programme in 1952. The nation had no roads, no signposts to guide her. In the beginning the programme was modest and more or less exploratory in nature. It gathered momentum in the years that followed particularly after 1968 when a separate Department of Family Planning was established in the Union Ministry of Health. Efforts were made in integrate it with maternal and child health care and to convert it into a mass movement with the willing participation of all sectors of the society in its The mass media and inter-personal communication were used extensively to carry the message of family planning to the people for and wide. In April 1976, the country formulated its first National Population Policy. It was an all embracive policy and sought to weave the family planning programme more intimately into the fabric of health services and the overall strategy of socio-economic growth. The implementation of this policy gave new dimensions to the family planning programme and it came to be linked increasingly with the general efforts to improve the living standards and styles of the people.

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5. In 1977, the new Government that came into power at the Centre presented to the people a new statement of policy on the Family Welfare Programme. This statement was not basically different from the National Population Policy statement of 1976. However, by the time it was announced, much damage had already been done to the family planning movement in the country. Besides, there was apparent hesistancy even in implementing the new 1977 Policy statement. A large majority of the people started feeling that the Government had given up the family planning programme for all times to come.

6. The task befcre the people and the Government now is to give, to themselves a new National Population Policy whkch fulfils their basis needs in relation to health; which enables them to restrict the size of their families to a level where they can sustain and further promote their well-being; which helps them to giving greater contribution to, and receiving greater strength from, the overall process of socio-economic development. Families make the nation. The nation gets all its prosperity and strength from the families and returns the same to them. It is benevelent, mutually-complementary process. At the national level the effort is to see that this process, in conjunction with other programmes of development, proceeds along equilitarian lines and while lifting the health standards of all families, take particular care of those who have suffered from deprivation for one reason or the other. It goes without saying that the people want to live better lives and to carve out a better future for their children and for their country. Despite the lethargy and confusion of the recent past, by and large there is also a good deal of awareness amongst them that to bring this about they should adopt the small family norm.

7. The National Population Policy statement defined here is an embodiment of the people's hopes and aspirations in relation to family welfare and of the Government's intention to fulfil these hopes and aspirations. The details of the statement are as follows :

7.1. India is totally committed to family planning as one of the vital means to improve the quality of life and accords high place to it in the national order of priorities.

7.2 Family Planning is closely linked with the maternal and child health care programme and forms an essential part of the total package of health services.

7.3 Health is an essential input in all development Health services in the country must be strengthened and enlarged, particularly in rural and tribal areas and slums in cities. Every state should considerably step up its outlay on its health services. At the same time private philanthropic institutions and individuals should be enccuraged to organise health services on their own.

7.4 Government are of the firm view that for proper primary health care and economic well being, each family should strive to have not more than two children. The Government commit themselves to the promotion of the two children norm and for the voluntary and informed persuit of this norm by the people.

7.5 Along with the promotion of the two-children norm, the Government will take effective steps to bring down the rate of early childhood mortality. Families must be assured that the children that they bring forth into the world have reasonable chances of survival and proper growth as in any healthysociety.

7.6 The Government will simultaneously intensify and enlarge efforts to control and prevent common communicable diseases and to bring down the death rate.

7.7 The national birth rate will be brought down gradually from the present 33 per thousand to 21 per thousand by the year 2000 A.D.

7.8 The death rate should also go down from the present 14 per thousand to 9 per thousand population by the year 2000 A.D. Since the national endeavour is to bring about a balanced development of the country as a whole, the expectation is that there will be no large variations in death rates in the states by the year 2000 A.D.

7.9 The infant mortality rate will be brought down from the present 125 per thousand to 60 per thousand live births by 2000 A.D. for this purpose targets will be fixed for all states.

7.10 "Health for All by the year 2000 A.D." is the national goal, to achieve this , it is important that apart from increasing direct inputs in health the Governments at the Centre and in the States as well as public spirited philenthropic institutions should make greater investment in such other development programmes also as have a bearing on the people's health.

7.11 In relation to family planning, all methods of contraception will be equally promoted and there will be no undue emphasis on any particular method. The choice will be left to the couples themselves. Family Planning advice and services will continue to be available free of charge.

7.12 For terminal methods of contraception, warranting surgical procedures and hospitalisation, the scheme of payment of compensation to acceptors will be continued. The States may supplement these amounts. Adequate fellow up will be provided to all acceptors of family planning methods.

7.13 In order to promote health competition amongst the people for the adoption of the two-child norm, community incentives will be given by the Government in the form of establishment or strengthening of community facilities, particularly these relating to health.

7.14 In relation to the child, the objective will be to reach a situation by the year 2000 A.D. in which every child that is born is provided immunisation against common communicable diseases of childhood.

7.15 The school health programme will be expanded to cover all children in schools within the shortest period possible.

7.16 The system of maintaining health and vital statistics, monitoring the evaluation will be streamlined and strengthened.

7.17 The law relating to age of marriage (18 years for girls and 21 years for boys) needs to be enforced vigorously through out the country and information and education stepped up in this regard.

7.18 All media of mass communication at the disposal of the Central and State Government will be used to disseminate information about the programme among the people and to motivate them to accept it in their own interest as well as in the interest of the society as a whole. Media which have greater reach in villages and which like the folk arts, are population locally will be given greater attention.

7.19. Maximum use will be made of extension education technique and inter-personal communication to dispel possible misgivings about any aspect of family planning and to narrow the gap between awareness and acceptance.

7.20. Health and population education will be introduced in the formal education system throughout the country.

7.21. Voluntary organisations, particularly those representing women, will be encouraged, financially and other-wise, to take the load in the promotion of the family welfare programme. Organisations having roots in villages and those working in slum areas will be given special consideration.

7.22. Community health volunteers, teachers, organisations of employees and workers and other individuals commanding esteem in the local society will similarly be encouraged to bring about maximum participation of the community in the programme.

7.23. Linkages between family planning and official and non official developmental agencies not directly connected with family planning programme will be identified and the agencies concerned will be pursuaded to include family planning services, family planning education and family planning communication in their essential programmes to the extent feasible.

7.24. Women and children are the worst sufferers of the population explosion phenomenon in the country While children may have to say in the planning of their families it is of the utmost importance that women, particularly those who are educated, public spirited and are in a position to influence other women, should come forward and propagate the small family norm as a part of the national endeavour to lift the status of women. In organised groups, women can take the lead in converting the family welfare programme into a people's programme. This will be encouraged. Other programmes designed to expand educational and employment families for women and to improve their well-being in general will be promoted, directly as well as indirectly, in pursuance of the National population policy.

7.25. Research in contraceptive technology will be promoted vigorously with a view to evolving safe, effective and acceptable methods. Equal attention will be given to demographic and communication action research.

7.26. The policy of allowing rebate in the income tax assessment for accounts given as donations for family planning purposes to Government, local bodies or any registered voluntary organisations approved for this purpose by the Union Ministry of Health will be continued.

7.27. In all cases where a population is a fact as in the allocation of Central assistance to State Plans, devolution of taxes and duties and grants-in-aid, the population figures of 1971 will continue to be followed till the year 2001 A.D.

7.28. The registration of marriages will be made compulsory development goes up in the country along egalitarian lines, there will be greater acceptance of the small family norm by the people. The policy is an integral part of the new strategy of growth. One can look forward to the day, not in the distant future when as a result of the implementation of this strategy, the small family norm will become a way of life with the people. Meanwhile it is to be expected that any new development project that may be initiated at local, State or national level will take into account the health and family planning needs of the people and in its design make the necessary provision for meeting these needs.

Source: National Institute of Health and Family Welfare. Department of Planning and Evaluation. Course on Policy Planning and analysis in the health and family welfare for the officers of the Indian Administrative Services, Feb. 10-14, 1986: Background document. New Delhi, 1986.

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NATIONAL NUTRITION POLICY

Hunger and malnutrition are the most striking and disturbing manifestations of poverty. Coupled with their effects on morbidity, mortality, human productivity and mental development, they lead to vicious prepectuations of poverty. Nutrition problems have received significant attention both nationally and internationally, for some time past. It is recognised that malnutrition is not merely a welfare problem, but is also inter-related with economic and social development.

2. Article 47 of the Constitution of India stipulates that "The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National Policy for Children stipulates inter-alia that all children shall be covered by a comprehensive health programme; programmes shall be implemented to provide nutrition services with the object of removing deficiencies in the diet of children; programmes will be undertaken for the general improvement of the health and for the care, nutrition and nutrition education, of expectant women and nursing mothers; special assistance shall be provided to all children belonging to the weaker sections of the society to ensure equality of opportunity; and children shall be given priority for protection and relief in times of distress or natural calamity. It also gives priority in programme formulation to nutrition for infants and children in the pre-school age, expectant women and nursing mothers.

3. In accordance with the Constitutional directions and the National Policy for Children, the State has been endeavouring to improve the nutritional status of the people and children in particular. Our First and Second Five Year Plans aimed at increased food production and some efforts for supplementary feeding, nutrition surveys and prevention of food adulteration. In the Third Plan, a beginning was made for a systematic development of subsidiary foods and diversification of dietary

intake. The Fourth Plan laid down an integrated approach for improving nutrition. The Fifth Plan had a larger programme of nutrition with emphasis on vulnerable groups. The Sixth Plan aimed at improving the levels of nutrition and health and the quality of environmental sanitation and hygiene, with a major objective of reducing the prevalent high rates of mortality and morbidity. The new 20 Point Programme envisages women and nursing mothers, especially in tribal, hill and backward areas.

4. Information about dietary intakes and nutritional status is available from the studies and surveys conducted by national Nutrition Monitoring Bureau, Food and Nutrition Board and other organisations and individual scientists. Information from these sources, national aggregates of food availability, information on food and income distribution among groups and anthropometric and clinical data help in estimating the number of malnourished persons. These sources of information indicate that the rural poor, the landless agricultural labourers and urban slum dwellers are main sufferers from poverty and malnutrition.

5. A survey conducted by National Nutrition Monitoring Bureau (1980) revealed that about 15% of children had normal body weight, for age and about 5% showed severe degree of malnutrition. The proportion of children suffering from mild and moderate degrees of malnutrition was found to be 48% and 32% respectively. The major dietary deficiencies contributing to malnutrition are those of protein-energy, vitamins, iron and other minerals. Goitre and fluorosis are endemic in specified area and segments of the population. The synergistic relationship between under-nutrition and infection, particularly in children, leads to a vicious cycle of accelerate deterioration of health. Poor environmental conditions and lack of access of safe drinking water in adequate quantity further aggravate the situation. The

studies indicate that malnutrition and under-nutrition continu to persist as a major problem and that the problem is more acute among children, especially those below 5 years of age, and among expectant women and nursing mothers belonging to poorer socio-economic groups. Under-nutrition is the single largest contributory cause for the high infant and child mortality in India. Although infant mortality rate has come down from 146 in 1951 to 114 in 1980 it is still very high and leads to wastage of human resources.

6. Malnutrition is caused by many inter-related factors; principal among them are low purchasing power of the masses to buy required food commodities, non-utilization or injudicio utilisation of available food, lack of knowledge of health and nutrition, prevalence of infections due to deficiencies in public health and sanitation and population expansion not commensurate with resources.

7. The alarming situation, as existing today, needs a systematic approach to tackle the problem of malnutrition. This means tackling the problem of poverty and hunger as in the ultimate analysis, the problems of malnutrition, ill-health high incidence of mortality and morbidity mainly stem from the former. Nutrition should, therefore, form an integral part of the total developmental planning in the country.

The Policy

8. It shall be the policy of the State to secure adequate level of nutrition to every citizen in the country. The Nation shall endeavour towards:-

(i) implementation of programmes of alleviation of poverty, reduction of socio-economic disparities, provision of employment and enforcement of minimum wages;

(ii) achievement of national self-sufficiency in all essential foods and nutritional orientation to agricultural development;

(iii) control of population growth, acceptance of small family norms and integration of family planning services with health, nutrition and other developmental programmes;

(iv) universalization of elementary education and health and nutrition education with effective use of mass media;

(v) provision of nutrition services, safe drinking water and basic health care, especially immunization control of diarrohea and improvement in environmental sanitation;

(vi) control of major nutritional deficiency diseases.

The policy aims at developing the human resources with improved functional efficiency and increased longevity by providing adequate nutrition, supported with supply of safe drinking water, education, health services and improved environmental sanitation.

easures

To achieve the above objectives, the State shall adopt nter-sectoral programmes of both short-term and long-term ature. The short-term measures will aim at providing the mediate nutrition and health needs of the vulnerable groups. e long-term measures will be directed at removing poverty d hunger by raising standard of living through guranteed nployment, income-generation and augmentation of food supplies.

ort-term measures

(i) Integrated services for children, expectant women and nursing mothers shall be expanded in the backward rural and tribal areas and urban slums.

(ii) Efforts to develop and popularise low-cost nutritious foods from indigenous and locally available raw materials shall be intensified.

(iii) Essential food items shall be fortified with appropriate nutritients, for example, salt with iodine and iron.

consumers cooperatives and fair price shops shall be opened in adequate number in all areas.

(iii) Through "Health for all by 2000 AD" programme, increased health and immunization facilities shall be provided to all.

(iv) Through intensive family welfare and motivational measures, small family norm and adequate spacing shall be encouraged so that the food available to the family is sufficient for proper nutrition of the members.

(v) Environmental sanitation and hygiene shall be improved, particularly in the backward, rural and tribal areas and in urban slums, so as to check air and water pollution and infection, which are injurious to the health of people, especially children who are vulnerable to such infections.

(vi) The basic health and nutrition knowledge, with special focus on wholesome infant feeding practices, shall be imparted extensively and effectively to the people.

(vii) Steps shall be taken to strengthen research, monitoring and evaluation activities in the field of nutrition so as to keep the policy makers, planners, and administrators well-informed of the changing trends in the field and to ensure need based review of the policy.

(viii) Increasing efforts shall be made to provide full employment through employment-generating schemes. Development programmes with potential for large scale employment, especially those for the rural population, shall be taken up on priority basis.

Administration and Monitoring

10. The measures enumerated above have to be administered by several Ministries/Departments of the Government of India, State Governments and various governmental and non-governmental organisations.

(iv) Deficiencies of vitamin 'A', iron and folic acid and iodine among children, pregnant women and nursing mothers shall be controlled through intensified programmes.

(v) Nutrition rehabilitation activities shall be expanded through child care centres.

(vi) Supportive health services along with safe drinking water shall be made available to the beneficiaries of supplementary nutrition to ensure a better impact of nutrition programmes.

(vii) While assessing the needs of States affected by natural calamities the central Government shall accord high priority to the nutritional requirement of the affected population, particularly children expectant women and nursing mothers belonging to lower socio-economic groups.

Long-term measures

(i) The production of cereals, pulses, oil seeds and other food crops will be increased with a view to attaining self-sufficiency and building surplus and buffer stocks. For this purpose, latest and improved techniques shall be increasingly applied, high-yielding varieties of food crops developed and extensively cultivated; adequate extension services made available to farmers; wastage of food in transit and stores reduced to minimum, available food conserved and effectively utilised and adequate buffer stocks maintained to meet emergencies like droughts, famines, floods, etc.

(ii) A sound public distribution system shall assure availability of essential food articles conveniently and at reasonable prices to the public particularly to those living below the poverty line, not only in urban areas but throughout the country. For this purpose, encouragement shall be given to the

11. Each concerned Central Ministry should monitor the implementation of the measures for which it has direct or nodal responsibility, and should also evaluate the impact of these measures. Nutritional surveillance of the country's population, especially children and mothers, shall be undertaken with the help of technical organisations.

12. An Inter-Ministerial Coordination Committee will function in the Ministry of Social and Women's Welfare under the Chairmanship of Secretary, Social and Women's welfare, to review the implementation of nutrition intervention measures. Concerned Ministries will be represented on the Inter-Ministerial Coordination Committee. The Committee will meet once or twice a year.

13. A National Nutrition Council will be constituted in the Planning Commission with Prime Minister as President Members will include concerned Union Ministers, State Ministers by rotation, experts and representatives of non governmental organisations. The Council will be the national forum for policy coordination, review and direction The Council will meet once a year.

14. The State Governments should constitute similar coordination Committees and Nutrition Councils.

Source : National Institute of Health and Family Welfare. Department of Planning and Evaluation. Course on policy planning and analysis in the health and family welfare for the officers of the Indian Administrative Services, Feb. 10-14, 1986: Background document. New Delhi, 1986.

DRAFT NATIONAL MEDICAL AND HEALTH EDUCATION POLICY

The heritage

1. India has an ancient tradition in the theory and practice of Ayurveda and Yoga. The Unani-Tibb system of medicine was introduced in the country by the Greeks and enjoyed significant growth during the middle period of history. The Homeopathic system , imported from Europe, came into prominence because of the easy manner of its application and spread rapidly and widely. The modern system of medicine was introduced in the country by the British in the 19th century. It developed rapidly, specially after the attainment of independence.

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2. Impressive progress has been achieved in health care services of the country during the last three decades. Smallpox has been eliminated, plague is no longer a problem malaria is beginning to be brought under control and mortality from cholera is descreasing. However, progress made in tackling leprosy is far from satisfactory. The overall mortality rate has been reduced from 27.4 to 14.7 and the life expectancy at birth has increased from 38.7 years in 1950-55 to 52.08 years in 1976-81, inspite of the fact that since 1951 our population has grown by nearly 300 millions. As would be apparent from the Appendix there has been, since Independence, phenomenal gorwth in the number of hospitals, dispens-ries and educational and training institutions for various categories of medical professionals and para-professionals, technicians and health personnel.

2.1. Inspite of the advances on various fronts, there still remains a very large incidence of preventable morbidity and mortality. The mortality rates of women and children continue to be extremely high almost one-third of the total facilities occur in children below the age of 5 years. Infant mortality for the country is around 129 for 1000 live births. Malnutrition is a growingly large problem and we have still to gain mentionable headway in lacking it. Only 10% of the rural population has access to potable water

supply and less than 2% enjoy basic sanitation. Very large sections of the population still do not have access to any kind of organised health care.

2.2. A great deal of thought and efforts has gone into the development of the health services as they exist today. However, in the absence of any national health policy, the development of the health delivery system has continued, over the years to be influenced by empiric[illegible] approaches, not always or entirely related to nationally relevant priorities.

A National Health Policy

3. In the aforesaid background, Government are enunciating a national health policy, with specific goal of attaining the objective of "Health for all by the year 2000 A.D. through the delivery of universal primary health care. Though fundamental reforms in the existing organisational structure, universally accessible primary health services are sought to be provided to the community at a cost which it can afford, with growing and effective community participation. This approach is based on the awareness that the vast majority of health functions can be effectively carried out by the people themselves, with the help of relevantly conceived and appropriately located supporting services. The provision of primary health care services envisages large scale transfers of simple skills and knowledge to the front line workers who would reside in the villages, having been selected by the community whose confidence they would enjoy and whose problems they would know, at first hand.

MEDICAL EDUCATION

Constitutional provision

4. In our Constitution, Medical Education is on the concurrent List. However, institutions for scientific and technical education financed by the Government of India wholly or in part, and declared by the Parliament, by law, to be institutions of national importance, feature in the Union List. Also on the Union List is the responsibility for enforcing coordination and determination of standards in institutions for higher education or reasearch.

4.1. The existing medical educational system is not related to the health needs of the country. The curricula are inadequate and not relevant to the pressing problems which the young doctors would be required to deal with. The teaching and training is overwhelmingly disease and hospital oriented, lacking in community orientation.

The teaching methods are out-moded, compelling the students to learning by note. There is no integration between the basic and clinical services. The students do not participate meaningfully in the teaching process. The assessment and evaluation systems are obsolete. After prolonged training the young enterant to the profession does not possess any critical or independent thinking and is therefore unable to tackle the problems that he faces. All in all, the entire existing system is in a quandary.

4.2. The existing training does not prepare the doctor to function as a member of the health team. Consequently the medical student imbibes a feeling of superiority which persists throughout his career. Later, if and when he assumes the role of a teacher he cannot be expected to create community awareness in his students and equip them to become socially conscious health workers.

4.3. The objective of any system of medical education would be to generate manpower equipped to serve the real health needs and demands of the population. In this process the educational system must involve itself in brining about the desired changes in the health delivery systems and, towards this objective, participate in and promote the integrated development of health manpower of all categories.

4.4. In recent times various initiatives have been launched to reorient the medical educational system. These attempts have been isolated and sporadic. The.Reorientation of Medical Education Scheme was launched by the Government of India in 1977, to introduce community orientation of the

medical students and the faculty, based on the philosophy of making a medical college totally responsible, in a phased manner, to provide health care to the entire population of the district in which it is located. It is provided that, along with the undergraduate students, the entire faculty will be involved in the shift towards community reorientation. Further, the whole period of internship training is envisaged to be spent at the primary health centres, sub-divisional hospitals and district hospitals. This objectives still remains to be implemented in an effective and meaningful way.

4.5. It is not sufficient to merely introduce community oriented training programmes. There is need for a much greater degree of involvement of all teachers in the medical colleges in the planning and implementation of the various national health programmes. The efforts already launched in preparing medical teachers for curriculum development, teaching technologies and developing educational objectives require to be strengthened and multiplied in an organised, well planned manner.

4.6. Undergraduate medical education would have to be urgently reorganised to make it academically regarding and socially relevant. The curricula and the training schedules would have to be re-established, introducing teaching in humanities, social and behavioural sciences and with much greater emphasis on the teaching of infectious and communicable diseases commonly prevalent in the country. The teaching would have to be shifted to the community settings, to adequately expose the medical student and psychologically equip him for his future operational role in the rural and semi-urban areas of the country. It would also be necessary to impart instruction in the history - of the traditional systems of medicine. Consequently there is need to undertake a total review of the existing educational content and training schedules. It is also necessary to re-establish the internship system, with the basic objectives

of providing meaningful and relevant training in semi-urban and rural settings outside the four-walls of the teaching hospitals. If this cannot be achieved within the existing concept, the internship system would require to be replaced by a more effective training programme, to impart the essential skills and confidence to the young enterant to the profession.

Manpower Planning

5. There has been a grave and noticeable lack of any identifiable policy to plan for the production of medical and para-medical manpower in the country. Evidence of this would be found in the fact that number of medical colleges has increased from 30, at the beginning of the I Five-Year plan, to 106 at the beginning of the VI Five Year Plan the annual admissions rising from 2500 at 13,561 in the same period. This rapid expansion has occurred in almost utter discharged to the requirments of other categories of health personnel. The existing production levels of dental doctors, general nurses, ANMs, LHVs etc. gives no evidence of any attempt having been made, at any given time, to take stock of the existing health manpower, analysing their standards and skills and re-relate their availability to the present and future needs of the country. Thus, while on the aggregate level, there is one doctor for 4000 population large sections of the country have hardly access to any form of health care. On the other hand, large cities like Delhi have one doctor for every 500 population. Meghalaya has 1 doctor for 8333 population. Again, as against the expected norm of 2 nurses per 1 doctor, the nurse doctor ratio is 0.61 nurses : doctor Similar imbalances prevail in other sectors of the health services sector. It is not merely that there has been no manpower planning whatsoever, for the creation of fully integrated health services. What is worse, even the existing stock of personnel are not dispersed in a balanced manner. The need, therefore, is to devise mechanics; at the

Central and State levels, to plan for manpower requirements, in the requisite grades, skills and numbers, for serving both the public and private sectors.

Migration

6. Approximately 60-70 percent of the fresh medical graduates seek and find entry to various postgraduates courses. The main reason is better career prospects and advantageous appointments in the colleges or in the larger hospitals in the country. It is this kind of motivation that further leads a large number among the postgraduates to seek admission to super speciality courses viz. D.M. and M.C.H. Also, after doing their first or second levels of specialisation a good number of doctors, having failed to find gainful employments in the country, resort to a variety of mechanisms to migrate to various countries abroad, apparently on the excuse of obtaining higher skills and qualifications but basically with the objective of securing employment outside the country and, to the extent possible and legally permissible, stay away from India for most parts of their careers. With the continuation of exotic and Western models of education the postgraduate from our country finds very little difficulty in being accepted as a medical practitioner or specialist in even the most advanced countries of the world. With the embargo imposed by U.K. and subsequently by U.S.A. and some other countries, in the Middle-East and Africa where they secure jobs not always commensurate with their skills but paid many times higher than what they would have secured at home. This is the brief reason for the so-called "brain drain" to which references are made quite frequently without any serious attempts to identify reasons for such outflow. A similar situation prevails in respect of dentists, nurses and technicians who have been migrating from the country in recent years, in increasing numbers.

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7. Vocationalisation of education at the plus 2 level provides a useful mechanism that may be utilised to train,

in adequate numbers, ancillary manpower, e.g. nurses, radiographers, auxillary nurse midwives, physiotherapy assistants health educators, electronic technicians laboratory technicians, multipurpose health workers etc. The courses for these categories of workers can be so designed as to be terminal at the class 12 level, the entry point being class 10, on the broad understanding that opportunities would be provided to further their prospects after a specified period of work in the field. Relevant training courses can be organised at the sub-divisional or the district head quarters, to impart training to locally available candidates, who subsequently, would be absorbed in gainful employment within the district to which they belong.

If the training scheme is carefully planned and implemented it would be possible to select candidates village-wise so that they can be subsequently employed at centres located in or closest to their villages, thus resolving the growing problem of trained personnel not being willing to serve in areas distant from their homes.

Health

8. As the country has not adopted the primary health care approach to the delivery to health care services, it has become urgently essential that the reorganised structure of health services is based on the functioning of the health team, through the organised health services structure and the community level workers. In this set up, the front line workers shall have the largest responsibility, along with the community itself, which would progressively take on itself the burden of its own health care through preventive, promotive and educational efforts. Next in order, would be the middle level workers, who would perform a variety of well defined health roles. The leader of the health team would be the basic doctor who would be a medical graduate who has undergone suitable further training to equip him adequately for the variety of roles to be performed and supervised by him.

Next in line would be the general specialist, possibility located at the sub-divisional level hospital, who shall, in the reorganised structure, be liberated from the purely routine activities that he had been performing all these years, and, instead, made to function at the first referral level. The super-specialist shall be located in the district hospital/medical college hospital or at such other specialised institutions which may exist in the district or elsewhere in the State. In this pyramid the effectiveness of the referral system shall be of the essence.

Cadre of Public Health Workers

9. While the basic doctor would be expected to possess adequate knowledge of public health problems, it would be necessary to train and locate, at appropriate levels in the reorganised health services organisation, public health personnel specifically trained in this field for re-organising and securing adequate standards of sanitation, hygiene, epidemiology etc. The role of this category of personnel would inter-mech with the main stream of the health care delivery structure. It would be necessary to work out appropriate educational and training programmes within the frame-work of the proposed graded structure, to produce public health personnel who would function effectively at various levels of the pyramid, from the sub-centre to the Union Health Ministry levels.

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10. In the reorganised system, intended to provide universal primary health care facilities, with very high emphasis on the preventive and promotive aspects. Very large responsibilities would devolve on the middle level worker who, next below the basic doctor would function as the leader of the para-medical structure. He would perform a wide range of well defined functions. Such intermediate level workers have been inducted in the health service organisations of a large number of countries in the world, with proven success. It is thus no longer viable to allow the traditionalist in the medical profession to continue to oppose the induction

of the middle level worker, in the proposed reorganised set-up of the health services structure in the country. What is now needed is to devise a time-bound action programme for the teaching and training activities, in the relevant learning settings, for the production of such workers, in the requisite numbers.

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11. The variety of tasks to be performed by the para professionals and auxiliary workers having been defined, it would be necessary to work up relevant educational and training schedules for them, in the appropriate learning settings, care being taken to ensure that the local is closest to the workers and their place of work, as far as possible. Reliable projections and assessments, state-wise regarding the need and requirements of such workers would require to be undertaken and adequate mechanisms devised to see that, at all stages, the overall educational and training programmes of the various grades of workers and the doctors are drawn up keeping in view that they shall function as a health team. As far as may be possible, the entire range of the para professionals should be local persons, with local interests and roots, familiar with the social restraints and cultural and religious strains of those who they are to serve.

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12. All systems of medicine are modern in so far as they are directed towards the common goal of providing health care despite their setting in time, place and culture. The differences between the traditional systems of medicine and what is called the modern system of medicine do not relate to their aims and effects but arise from the varying cultures of the people who, over the centuries, have practised the systems. Traditional medicine in India has, in recent decades, stagnated for want of application of discoveries of modern science and technology.

There are approximately 5 lakh practitioners of the traditional systems of medicine in the country, with qualifications

ranging from doctorates obtained from well known centres of learning and Universities to knowledge acquired through informal apprenticeship under established hereditary practioners About 70 per cent of these practitioners service in the rural areas. They constitute a rich manpower resource that can be utilised within traditional health care system provided their role is clearly defined and suitably inter-meshed at each functional level in the hierachical pattern. Facilities require to be developed to reorientate these practitioners in the preventive and promotive aspects of Health care. to make their participation in the health care delivery system more meaningful and effective.

Integration of the traditional and the modern system of medicine is beset with difficulties. Some of the problems which make the integration of the two systems very difficult are: emphasis on the cultural formulation of traditional medicine, marked inclination of the system towards either curative or preventive measures, impossibility of integrating certain aspects of traditional medicine, based on spiritual and moral principles and fundamental differences between the concept of life, health and disease. However, these apparently incompatible situations can supplement or complement each other in resolving urgent national health problems. A beginning towards integration can be made through basic research in the traditional educational systems, together with a planned investigation of ancient literature, fundamental principles of diet, problems of environomental hygiene and other areas of mutual interest to the competing system of medicine.

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13. Every medical institution as well as all existing Health and Family Welfare training centres should, besides their existing roles, be allocated clearly defined responsibilities for organising and imparting refresher training and continuing education not only to all medical practitioners in the

field, be they in Government services, local bodies or functioning privately, but equally important, to the public health personnel, middle level workers and the entire band of uni and multi-purpose workers. Needless to say, the entire success of officers to organise and delivery primary health care universally would depend vitally on the refresher training and continued education of the basic doctor and his health team.

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14. A good number of the medical colleges in the country have some facilities for research. However, the bulk of the fundamental research is taking place in the specialised unipurpose research institutions, mostly under the control of various agencies of the Central and State Government. To the extent that medical education and research go together, in terms of thesis writing, initiation into research methodologies etc. it is vitally essential that, to meet the challegge of the existing health problems in the country and evolving applied, operational and appropriate technologies, the focus of the present and future research efforts urgently shifts to the applied sectors, so that the technological achievements already gained can be translated and easily applied in the field, specially in the implementation of the national health programmes. It would be useful if research priorities are determined in joint consultations between researchers, health administrators and the community. Among many research efforts should be the identification of simple, low cost and appropriate techniques, which can be easily applied in the socio-economic situations obtaining in the country.

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tion

15. Inspite of the need to bring about changes in the system of medical education, recommended by a number of Committees and Commissions appointed by the Government from time to time, no meaningful changes have so far been made in the existing educational pattern. In recent years, the medical

educationalists and administrators have been concerned primarily with questions of the desired changes in the educational system. However, as has been evidenced, the more determination of the compponnents of change cannot lead anywhere unless simultaneous attention is given to the equally important question of creating appropriate mechanisms to initiate and implement the requisite changes. In order to reorient medical education and bring about the necessary changes therein, it is necessary to establish a suitable organisations with necessary authority financial resources, flexibility of approach and social awareness for initiating and implementing the required reform in medical and health education. Even though Health and undergradual Medical Education are State subjects, coordination and maintenance of standards of highem medical education is the constitutional responsibility of the Government of India. Such an organisation would therefore require to be possessed of the requisite legal authority to bring about and enforce the much needed coordination between the Central and State Governments, the Universities and the medical institutions and between the various systems of education.

The national objective of producing voluntary workers, para-medical, middle level workers, public health personnel general practitioners, general specialists and super-specialists in all fields and systems of medicine, in such number as they are required, and ensuring that the large investments made in this process do not go waste in their consequently remaining unemployed or employed below their skills and to avoid the wayward migrations and the consequent enormous loss of investments, it is urgently important that a central mechanism, which takes an overall view of every aspect of medical education and training, from the highest to the lowest levels, of all systems of medicine is established. Such an agency, besides being responsible for bringing about

the desired changes in the educations and training schedules, undertaking manpower planning for every category of personnel, establishing the requisite inter-relationships etc. would also deal on a continuous basis, with important matters like the medium of instruction. Such an organisation would also advice Government on intricate issues like the reservations of seats at the graduate and postgraduate levels, eligibility criteria for admissions to postgraduate courses, requirements of building up various specialisties and their dispersal within the existing institutions in the country etc. It is to be appreciated that such problems as referred to above cannot be considered piecemeal, specially as the implications of ill considered and fragmented approaches would not only be far reaching but devastating in their effect.

The proposed agency may be called the "Health Education Commission" or "Commission for Health Services" specially as it would be required to deal with a large variety of issues and problems which go beyond the boundaries of pure and simple medical education. When such a Commission is established it would grapple with the need and viability of setting up Health Universities or Universities for Health for Health Sciences, suggestions regarding the establi ment of which have been mooted from time to time in the recent past.

usions

16. Educatio is but a means to an end. The overall objective of the National Health Policy is to achieve Health for All through the universal promise of primary health care. In a populous country like ours this objective can be achieved only through a graded health care delivery system which, in turn, is possible only through the development and application of appropriate technology represented by profession and para-professional manpower which has been educated and trained specifically with reference to the designated roles that it has to perform, at given levels, with inbuilt flexibility for career development. It is towards the achievement of this

goal that the national medical and Health education policy has to move. Since the country is passing through a period of overall development and growth in other related sectors which would necessarily have its implications in the health services and educational fields, it would be necessary to keep the medical education policy and prescriptions constantly under review, so that remedial actions and corrections can be introduced as per the requirements of the developing situation.

Source: National Institute of Health and Family Welfare. Department of Planning and Evaluation. Course on policy planning and analysis in the health and family welfare for the officers of the Indian Administrative Services, Feb. 10-14, 1986: backgroun document. New Delhi, 1986.

8. HEALTH FOR ALL

We shall:

- Improve the quality of primary health care;
- Fight leprosy, TB, malaria, goitre, blindness and other major diseases;
- Provide immunisation for all infants and children;
- Improve sanitation facilities in rural areas, particularly for women;
- Pay special attention to programmes for the rehabilitation of the handicapped.

9. TWO CHILD NORM

We shall:

- Bring about voluntary acceptance of the two-child norm;
- Promote responsible parenthood;
- Reduce infant mortality;
- Expand maternity and child care facilities

10. EXPANSION OF EDUCATION

We shall:

- Universalise elementary education with special emphasis on girls' education;
- Improve the content of education at all levels;
- Promote non-formal education and functional literacy programmes, including promotion of skills;
- Stimulate adult literacy programmes, with the participation of students and voluntary agencies;
- Emphasise national integration and social and moral values and instil pride in our heritage.

12. EQUALITY FOR WOMEN

We shall:

- Raise the status of women;
- Enhance awareness of the problems of women;
- Create mass consciousness ab women's rights;
- Implement a national program of training and employment fo women;
- Enable women to participate w equality in socio-economic development and nation-buildi
- Rouse public opinion against dowry and ensure effective implementation of anti-dowry legislation.

Source: India. The Twenty Point Programme 1986. New Delhi, India, Ministry of Information and Broadcasting, Directorate of Advertising and Visual Publicity, 1986.

SOCIO-ECONOMIC PROGRAMMES FOR WOMEN

ground

.1 The Constitution of India provides for equal s and privileges for men and women and makes ial provisions for women to help them improve status in society. A number of social enactments been put on the statute books for removing us constraints which hindered their progress. In of these measures, women have lagged behind in different spheres, especially in education. The le literacy rate has consistently been lower in rural ell as urban sectors. In rural areas, where 77 per of the female population lives, women's literacy is only 17.96 per cent. The urban literacy rate emales is 47.82 per cent. The literacy rate for les varies from 65.73 per cent in Kerala to only 2 per cent in Rajasthan. There are many reasons is, generally of sociological nature.

.2 The health problem of women in society at is another crucial area not given the required ion. Due to the predominantly patriarchal order, n are confined within an oppressive environment. ences are frequently noted between health and ional status of men and women. Nutritional sur- have indicated high rates of inadequacies among es compared to males. Female infants and child- e subject to neglect in respect of nutrition and care. Statistics from primary health centres that adult women do not generally take treat- from them. Maternal mortality continues to be igh. A number of studies have indicated that a number of children suffer from malnutrition, to the mother's poor health contributes to a great . Anaemia among rural women is estimated to be as 60—80 per cent, leading to low birth weight babies.

According to the 1981 Census, only 14 per of the total female population in the country the category of "workers". The unpaid econo- tivities of women and their contribution through n the domestic sectors remain unreported in the An ILO study has estimated that the value of household work constitutes 25—39 per cent otal gross national product in developing coun-

Women play an important role in agricultural ion, animal husbandry and other related acti- such as storage, marketing of produce, food ing, etc. Apart from these, they spend almost 10—12 hours per day doing household chores, including fetching of water and gathering of fuel. Large number of female labour are engaged in the plantation sector. About 54 per cent of rural women and 26 per cent of urban women are engaged in marginal occupations in order to supplement the family income by collection of fish, small game, firewood, cowdung, maintenance of kitchen gardens, tailoring, weaving and teaching, but the quantificaion of this activity, in terms of work-hours contributed, or its income-generating equivalent was not attempted or recorded.

14.5 Recently, a declining trend has been observed in the employment of women labourers. Some of the new technologies have displaced women from many of the traditional activities. The incomes of the poor households are supplemented by women, although they have to face many problems due to family responsibilities, limited mobility and social restrictions. The Green Revolution has led to increased demands for casual labour, dispossession of small landholders from their land and consequently, pushing out of women from such small landholdings to become wage earners. Though many of the tasks performed by males are getting mechanised, the women continue to toil in labour-intensive jobs like rice transplantation, cleaning and storage of grain in post-harvest operations, picking of leaves and fruit, handshelling groundnut, picking out common-seed, etc. Women get limited job opportunities in modern occupations/trades as they do not have access to the training required for new technologies. In many areas where multiple crops are grown, the workload of women has increased. In industry, women continue to be employed mostly on unskilled jobs. The average earning of a regular salaried woman worker continues to be less than that of a man.

14.6 An emerging phenomenon in the rural scene is the "single-parent rural family", due to large-scale migration of men seeking employment in urban areas. The woman has to assume the role of head of the household and responsibility for the support and care of children and also of the elders in the rural family. Her income is inadequate to meet the family's needs; thus, there is tension in the family, as remittances from the men-folk are mostly irregular as also meagre, given the high cost (and many temptations) of urban living.

14.7 There is considerable evidence to show that

parents discriminate against girls in the matter of science education. With the majority of women being engaged in agriculture and allied fields, an exposure to science and technology aimed at, and for the benefit of, women has yet to come about. There is a felt need to structure courses, through visual as well as other (literacy-based) media, which are related to health and health care, nutrition (especially of young children), simple-to-follow techniques against morbidity (especially from water-borne infections) and infant mortality (e.g., oral rehydration therapy), food preservation and enrichment and for a balanced diet using readily available natural foods and additives. Inputs of science and technology are required also in housing, cooking and performance of other household work, which can lead to a considerable reduction in drudgery. Time and energy thus saved could be used by rural women for improvement of their knowledge, skill and aptitude levels.

14.8 There has been, in general, a lack of awareness among the people about various legislations and programmes being implemented for the benefit of women. Although the socio-cultural situation, to a great extent, keeps women isolated, lately the radio, TV and other mass communication media have exposed them to information and knowledge. However, such exposure has not yet resulted in creating consciousness to the desired extent among women, nor has it succeeded in loosening the hold of tradition-oriented thinking and mores. The significant role that is rightly women's in such vital areas as attitudes to education, health and health care as well as nutrition and related delivery system, reduction of infant mortality; in meaningful participation in many skilled jobs in advanced science and technology areas like medicine and medical research, electronics and informatics, education and teaching, energy-conservation and in improving the quality of life, has not yet been grasped fully by society at large.

Sixth Plan Review

14.9 During the Sixth Plan, a variety of programmes were taken up under different sectors of development to ameliorate the working conditions of women and to raise their economic and social status.

14.10 A special cell created in 1976 continued to look after the employment of women and monitor the implementation of the Equal Remuneration Act, enacted to provide for wages equal to those of men for work of similar nature. Three regional vocational training centres, one each at Bangalore, Bombay and Trivandrum, and a National Vocational Training Institute at New Delhi, with a total annual intake capacity of 600 women trainees, were set up by the Directorate General of Employment and Training (DGE&T). Apart from these, 144 Industrial Training Institute (ITIs) exclusively meant for women were functionin in different States by the end of the Sixth Plan. Th intake capacity in these institutions is 11,200 pe annum.

14.11 In the Rural Development Sector, the In tegrated Rural Development Programme (IRDP) ac corded priority to women heads of households. O the whole, women comprised 7 per cent of the bene ficiaries covered under the IRDP during the Sixth Plan A decision was also taken that a minimum of one third of the beneficiaries under TRYSEM would be women and thereby, about 3.27 lakh women constitut ing 34.8 per cent of the total number of beneficiaries were trained. A new scheme, namely, "Development of Women and Children in Rural Areas" (DWCRA) was started in 1982-83 as a pilot project in 50 blocks of the country. Women who were not in a position to take advantage of schemes under the IRD Programme were organised into homogeneous groups of 15 to 20. Each such group was provided training in a chosen economic activity along with necessary infrastructure. Such activities included weaving, fish vending, broom and rope making, brick making and pickle making. Training was also given in candle making and in baking. The scheme has proved quite popular. Over 1900 groups were formed and trained, benefiting about 30,000 women during the two-year period, 1983—85.

14.12 The scheme of Krishi Vigyan Kendras introduced for bridging the gap between the farmer's knowledge and available technology also covered women. Eight home science colleges for women attached to agricultural universities were set up to provide training and research facilities.

14.13 A radical move in the concerted attempt to improve women's status was the decision to confer join titles on husband and wife in all development activities involving transfer of assets, distribution of land and house sites.

14.14 In order to encourage girls into elementary and higher education, a Centrally sponsored scheme was taken up for providing financial assistance to educationally-backward States for establishing non-formal education centres exclusively for girls. Financial assistance was given for appointment of women teachers in primary schools. Incentives were provided to States at different administrative levels for encouraging girls to enrol in larger numbers. Text-books for elementary and high schools were evaluated with a view to vocationalising higher education.

14.15 Nearly 73 per cent of the total non-enrolled children in the 6—11 years age group were girls. In the age group 11—14 years, only 38 per cent of girls had been enrolled for formal education. The drop-out

e for girls both at the elementary and secondary els of education continues to be high. To boost olment in the primary classes, early childhood edu- ion centres for children in the age-group 3—6 years re set up as adjuncts to primary schools for the t time in the Sixth Five Year Plan in rural and back- rd areas. These centres also provided creche facili- for younger siblings of girls attending primary ools. The scheduled caste|scheduled tribe girls con- ued to receive higher rates of post-matric scholar- ps as compared to boys. Other incentives to girls luded free clothing and free tuition. To give addi- nal fillip to higher education among women, sepa- e universities for women have been established in States of Tamil Nadu and Andhra Pradesh.

14.16 Special programmes were taken up for women adult education centres, providing education in sub- s like health, nutrition, child care and family plan- g. The curriculum also included skills like teaching, ing, embroidery and building up of awareness and ctionality through discussions and literature. The olment of women under the Adult Education Prog- me in December, 1984, was reported 2.89 million, coverage being about 52 per cent of the total en- nent. Besides, 4,62,000 women were also covered er the programme "Functional Literacy for Adult men", implemented by the Ministry of Social fare.

4.17 Under the scheme 'Science and Technology Women' a wide spectrum of activities was taken Projects were sponsored for development of keless chullahs, use of solar cookers, setting up gas plants, and devices for improving the water fication system. New programmes which had a ing on the overall economic development of en and reduction in their drudgery have been tified, comprising improved agricultural imple- ts for farming in hill areas, better methods of p-rearing and wool-spinning devices for women. ral technologies were developed in the areas of plantation, post harvest activities, fish-cum-paddy re, processing of rice products, fish processing, culture, and in the cashew and coir industry. arch and development activities were taken up inimise physical discomfort to orthopaedically icapped women while working on handlooms.

.18 Added impetus was given to the training of en in instrumentation technology for repair and tenance of electronic equipments in offices and tals. In certain areas of West Bengal, tribal en were trained in making blocks from stone , in bamboo craft and rope making. Tribal en were also trained as rural health workers in rashtra. With a view to training women in fication of herbs of medicinal value and culti- vation and preparation of standardised medicinal formulations, experiments were conducted on vegetable gardening in courtyards and on rooftops. Studies were undertaken to assess the incidence of bronchial asthma and skin diseases amongst women engaged in sericulture.

14.19 A report was brought out on "Occupational and Environmental Health Problems of Indian Women", containing detailed information on the health hazards to women in different occupations. Also, a film, "Science and Technology for Women", is under preparation.

14.20 A number of technology demonstration-cum-training centres at selected focal points all over the country were set up by National Research Development Corporation (NRDC) to provide expertise and resources to women entrepreneurs in respect of new technologies relevant to their daily needs and economic enterprises. Low-cost industrial technologies were also developed, relating to food products, post-harvest operation, domestic aids for pure drinking water, educational toys, low-cost latrines and improved chullahs. A number of projects on agro-waste compaction, machines for converting agricultural waste into fuel and other technologies relating to food, chemicals, drugs and pharmaceuticals, energy and fuel, building materials, were taken up by NRDC. A compendium on appropriate technologies for women developed by NRDC was also published.

14.21 A major step was taken by the University Grants Commission (UGC) to provide a boost to women's participation in the field of science and technology by enhancing by 10 years the age of eligibility for women scientists to receive research fellowships.

14.22 Various measures have been taken to improve women's health and nutritional status. Nutritional intervention to the most vulnerable groups of women, namely, pregnant and nursing mothers belonging to the weaker sections, was given high priority. Under the Integrated Child Development Services (ICDS), special nutrition was provided to pregnant women and nursing mothers. At the end of the Sixth Plan, more than 1.2 million such women were receiving benefits under the programme.

14.23 Provision was made for expanding maternal and child health (MCH) programmes including training of local dais. In order to induct local women as auxiliary nurse-midwives (ANMs), the educational qualifications for their training were relaxed to the seventh standard if girls with requisite educational qualifications at the higher level were not available. The upper age limit of training for ANMs was also raised. Prophylaxis programmes against nutritional

anaemia of pregnant and lactating mothers were implemented. Iron and folic acid tablets were distributed to more than 72.5 million pregnant women and nursing mothers. Tetanus Toxoid was administered to about 36 million pregnant women.

14.24 Under the family welfare programme, the couple protection rate was expected to have reached 36.6 per cent by the end of March 1985. It is worth mentioning that the female infant mortality rate had fallen from 148 in 1972 to 115 in 1980, whereas the male infant mortality rate fell from 132 in 1972 to 113 in 1980. The fall in mortality rate of female infants has been more rapid as compared to males. However, the rate of infant mortality is still too high (though there are considerable inter-State differences) and needs to be reduced drastically The sex ratio which had persistently been declining upto 1971 had shown a slight rise in 1981. In the 1971 Census, the sex ratio was recorded as 930, but this rose to 933 in the 1981 Census. The maternal mortality rate of 4.17 per thousand live births during 1980 continued to be disturbingly high.

14.25 A number of schemes were taken up in the social welfare sector to benefit destitute and needy women. By the end of 1984-85, voluntary organisations were assisted in the construction of 344 hostels for working women. Nearly 3000 women were given training in skills in modern industries and provided employment under the scheme 'Employment and Income-Generating Training-cum-Production Centres for Women'. Condensed courses of education and vocational training courses were organised by a number of voluntary organisations benefiting 1,11,000 women. Under the 'socio-economic programme', 3589 units were sanctioned, with a coverage of 47,011 women. The scheme of "Assistance to women in distress" covered only 9,260 women through 267 vocational courses in non-traditional trades with the aim of making these women economically independent.

14.26 For creating increasing awareness of the role of women in development and the need for improvement of their status, various media units under the Ministry of Information and Broadcasting presented appealing programmes on social and economic problems and other related issues faced by women.

14.27 To mould public opinion against atrocities on women, a number of interviews and discussions were held with legal experts, social workers and officials of women's organisations. All India Radio, in collaboration with different State Governments, and assisted by UNICEF, organised twelve radio workshops on maternity and child care. The various Doordarshan Kendras also included in their programmes messages pertaining to the status of wom Audience programmes for rural people and indust workers were also telecast. The Press Informat Bureau took up a programme of mass education a information to promote positive social atitu towards women and motivate people to fight soc evils like dowry, child marriage, drinking, etc. booklet entitled 'Status of Women' was published the Directorate of Field Publicity. The Song a Drama Division of AIR took up programmes women's upliftment. The Film and Television Ins tute of India prepared programmes highlighti women's problems and development schemes them.

SEVENTH PLAN : OBJECTIVES AND STRATEGIES

14.28 The long-term objective of the develo mental programmes for women would be to rai their economic and social status in order to bri them into the mainstream of national developmer Due recognition has to be accorded to the role ar contribution of women in the various socio-economi political and cultural activities.

14.29 In the Seventh Plan, the basic approac would be to inculcate confidence among women an bring about an awareness of their own potential f development, as also of their rights and privilege The various mass communication media would b utilised extensively in this task. Special measure would be initiated for strict enforcement of th Dowry Prohibition Act and also to prevent harass ment and atrocities on women. Voluntary agencie and educational institutions would be fully involve in launching organised compaigns to combat thes evils. An integrated multi-disciplinary approac would be adopted covering employment, educatio health, nutrition, application of science and techno logy and other related aspects in areas of interes to women. Efforts would be made to extend facili ties for income-generating activities and to enabl women to participate actively in socio-economi development. The educational programmes will b restructured and the school curricula will be modi fied to eliminate gender bias. Enrolment of girls i elementary, higher secondary and higher educatio courses, formal as well as non-formal, will be give high priority.

14.30 In the field of science and technology stress would be laid on evolving devices to reduc the drudgery of women, so that the time saved i utilised for developmental activities. Training an retraining would be ensured for many S and T related programmes. The beneficiary-oriente programmes in the various sectors of developmen

rld be suitably modified or re-oriented so that due share of benefits from such programmes is iled of by them.

4.31 Collation and analysis of information and evant data on the development programmes for nen will be undertaken in an effective manner.

jor Programmes

4.32 *Education* : During the Seventh Plan, sus-ned efforts, through various schemes and measures, uld have to be made in order to reach 100 per cent verage in elementary education, for children upto age of 14 years. The scheme of "Financial sistance to Voluntary Agencies to run early child-od education (pre-school) centres as adjuncts of mary/middle schools" would be expanded, particu-y to evolve innovative models suited to specific mer groups or areas. The programme would eive greater attention in all the ICDS blocks. ucational campaigns for tackling the prejudices and io-religious constraints would be taken up on a er scale, since nearly three-fourths of the out-of-ool children are girls. Efforts would be made to ol and retain girls in school, especially in rural as and for children belonging to scheduled castes. eduled tribes and other weaker sections. At the mentary stage, education has been made free for s in all States/UT. Priorty would continue to given to women in teacher's training programmes ncrease the availability of trained women teachers. thereby to enhance girls enrolement and reten-in schools. Incentives like uniforms, free text-ks and attendance scholarships would be continued the needy girls in all schools.

4.33 Non-formal elementary education would expanded to benefit girls in the age-group 6-14 s.

4.34 Under the Adult Education Programme, rt from increasing the coverage, the educational tent of the programme would be modified to rporate new value systems in the community rding the role of women in the family and munity.

4.35 The Seventh Plan envisages, among other mes, the preparation of district level plans as a movement with local community participation for activising and implementing the literacy rammes, and the creation of special mechanisms nonitor the progress of implementation at State . Intergrated Rural Development Programme DP), National Rural Employment Programme EP), Training of Rural Youth in Self-Employ-(TRYSEM) and other such programmes would a component of funtional literacy for women ficiaries.

14.36 Talented girls would be encouraged to pursue higher education. It is also proposed to expand the "Open Learning Systems", including correspondence courses for them.

14.37 In order to promote technical and vocational education for girls, more wmen's polytechnics would be set up and programmes for vocationalisation of education would be expanded.

14.38 To boost education among the girls of the scheduled castes and scheduled tribes, additional facilities would continue to be provided under the "Development of Backward classes" sector. Girls above the matriculation stage would get higher scholarships/stipends than those for the boy students. Financial assistance is envisaged for construction of hostel buildings for girls at district level, and for purchase of equipment, furniture, utensils, books and periodicals in these hostels.

14.39 Under the National Sports Policy, participation of women and girls in sports and games would be encouraged. Stress would be laid on the identification of sports talent among women and provision made for sports scholarships, coaching and nourishment support for promosing girls with a view to increase standards of their performance in competitive games. Besides, schemes for encouraging traditional folk, tribal and hill arts and cultural activities would be expanded and strengthened.

14.40 *Health*: Under the Health Sector, the major thrust during the next ten years will be directed towards the reduction of the prevailing high maternal and infant mortality rates. For this purpose emphasis will be placed on the expansion of MCH care which will give considerable importance to preventive, promotive and educational services. Specifically, schemes for giving tetanus toxoid to mothers and providing proper ante-natal care will be taken up on a sizeable scale. Besides, close linkages with other related sectors will be established in order to make a dent on the problem. The health and family welfare services will be made available to all women in the reproductive age group. The existing bed-strengths at the district hospitals would be augmented and a sizeable proportion of them would be allocated to women and children. The health sub-centre coverage for providing health services would be progressively reduced to below 5000 persons per sub-centre. Besides, nutrition supplements, iron and folic acid tablets would be given to mothers for bridging the calorie-vitamin and mineral deficiency gap as well as for fighting anaemia. The scheme for training of birth attendants and auxiliary nurse midwives would be expanded considerably. Efforts would be made to promote health consciousness, so that the available health infrastructure could be fully utilised.

Mass media, voluntary agencies, village health committees, women's organisations and dais will be employed to spread knowledge about simple remedies for common disorders. Women would also be informed about misleading advertisements regarding the use of tonics, health drinks, etc. Knowledge about the nutritional status of girls and its impact on the health and weight of the babies born would be disseminated widely. Such published information would include the demographic and socio-cultural implications of the present adverse sex ratio and law age at marriage will be publicised.

Employment:

14.41 (i) *Agriculture and allied sectors* : Special attention would be given to improving existing skills of women and imparting to them new skills under the programmes of farmers' training, exchange of development, fodder production, post-harvest technology, application of pesticides, budding and grafting, farmers, training in horticulture, fisheries, poultry, dairy social forestry etc. Horticultural research and development programmes would play a significant role in economic and nutritional progress, particularly with respect to the problem of under-nutrition of pregnant women and nursing mothers and their children.

14.42 (ii) *Rural development* : The Integrated Rural Development Programme, meant for the poorest in the rural areas, has been formulated for creating assets with a view to increasing the productivity and income-generation ability of the beneficiaries in a specified period of time. The programme has been extended to all the 5092 development blocks in the country during the Sixth plan. About 20 million beneficiaries would be covered during the Seventh Plan. This would include 50 per cent of the old beneficiaries who may require a second dose of assistance at an average rate of Rs. 500/-. The new beneficiaries, however, would receive an enhanced rate of subsidy of Rs. 1333/-. The scheme covers landless labourers, small and marginal farmers, rural artisans and other workers like fishermen. Efforts have been made under this programme to select households headed by women beneficiaries. This approach will be continued during the Seventh Plan, and importance would be given to achieve a larger coverage of women. Households headed by women would account for at least 20 per cent of the coverage. The scheme of DWCRA would be strengthened and modified in order to ensure that the benefits reach the target groups.

14.43 The National Rural Employment Programme (NREP) and Rural Landless Employment Guarantee Scheme (RLEGP) would generate additional employment in rural areas during the lean season. Stress would be laid on giving adequate employment to women beneficiaries under these schemes.

14.44 Under the programme of TRYSEM, youths in the age-group 18—35 years per developm block are identified and provided training in avo tions which may enable them to set up self-empl ment ventures. About one third of the beneficiar under this programme are expected to be women.

14.45 (iii) *Land reforms* : The scheme for pro ding financial assistance to the Assignees of Ceili Surplus Land (ACSL) obtained from the implement tion of land ceiling laws, is under operation sin August, 1975. The Central assistance for this sche is intended to enable allottees to buy inputs a other necessary wherewithals of cultivation. Th policy will be oriented to confer benefits on a larg number of households headed by women. Famili of landless agricultural and other sections of t vulnerable groups will be given usufruct rights grow trees on road sides, waste lands, etc.

14.46 (iv) *Industry* : Public sector undertakin would be persuaded to sponsor ancillary industries collaboration with State level agencies dealing wi development programmes for women to provi increased employment opportunities around them Attempts would also be made to identify and targ the women beneficiaries under Entrepreneurial Dev lopment Programme (EDP) and Industrial Estates.

14.47 (v) *Village and small-scale industries* The schemes for the introduction of new technologi and the induction of expertise through upgradation training would be further expanded. The scope the specific training programmes for women entrepr neurs will be widened in order to fully familiaris them with the technical know-how needed for settin up enterprises. The number of such women entr preneurs would also be increased. Rural technolog institutions, and mobile technology and training uni would be considerably expanded. These organis tions would regularly conduct special training course for women at various levels. The training woul be oriented, wherever possible, to schemes like IRD TRYSEM, etc. Taking up special programmes fo women by agencies like process-cum-product dev lopment centres (PPDCs), training centres an small industries services institutes (SISI) would b examined. A massive programme for training artisans, managers, supervisors and entrepreneu would have to be taken up to expand efficient pr duction and for promotion of skilled employmen Women's participation in these schemes will be incre sed substantially.

14.48 Besides, the district industries centres (DIC will play a special role in the identification of grou of women artisans workers for disseminating info mation relating to avocations to be taken up an the nature of support that could be extended b governmental agencies.

4.49 Presently, some special provisions in terms infrastructure facilities like industrial sheds are g extended to women entrepreneurs. As this ity is not adequate, efforts would be made to set mini-industrial estates exclusively for women on uch larger scale. Special facilities like sheds and s at subsidised rates to units exclusively run by nen and/or employing female labour will be given.

4.50 The National Small Industries Corporation other apex organisations would extend support marketing, product design and financial support raw material procurement. Concessional finan- requirements will also be considered for meeting the working capital requirements and for pro- ng margin money for seed capital. The distinct unique role assigned to the handloom sector be preserved and several measures would be iated both for consolidation and expansion of sector.

4.51 Under the programme of training of kers and entrepreneurs, women beneficiaries will given importance. Women are expected to obtain ble employment under this sector. Coir making, culture and small scale industries are some such ors which offer great potential.

4.52 (vi) *Khadi and village industries* : During the nth Plan the employment coverage under khadi village industries is likely to increase from the nt 3.80 million persons to 5.86 million persons. onsiderable proportion of this additional employ- t will come to women, and the percentage share omen is expected to increase from 46 to 48 per during the Seventh Plan.

4.53 (vii) *Other measures* : Efforts will be made rds creation and promotion of equal employment rtunities for men and women. Implementation e Equal Remuneration Act will be strengthened nsure that women workers are paid wages as cribed in the Act from time to time. Studies d be sponsored to examine whether equal remu- tion under the Act is related to work outputs r different sectors of employment. Similarly, es will be undertaken on the implementation of Factories' Act 1948, the Plantation Labour Act and the Mines' Act of 1952 to assess whether nterests of women are adequately protected. Areas rs where women's employment is low would be ified and measures for improving their prospects be taken. Emphasis will also be placed on the and identification of factors that hinder women's oyment. Special agencies will be set up for ex- ng credit facilities for self-employment and home- workers. Relaxation of age limit for women ntry into government services and public sector rtakings will be considered. Avenues for creation of part-time employment for women will also be explored.

14.54 *Science and technology* : Programme on 'Science and Technology for Women' would be further strengthened to identify, formulate, sponsor and implement research and development, demonstration and extension programmes, with special emphasis on providing opportunities for gainful employment/self-employment to women specially to those in rural areas.

14.55 The training programmes at different levels such as those for unemployed graduates, school drop-outs and housewives will be strengthened and expanded, for improving the trainees' skills. Besides, skill manuals and training aids in areas of agriculture, animal husbandry and other new occupations would be prepared to provide opportunities of independent employment and income for women. Assistance of voluntary organisations would be sought for taking need based technologies to the target groups and in obtaining feedback regarding the acceptance of the programme and in the identification of factors that influence the transfer of technologies. Under the concept of Vigyan Kendras, the possibility of setting up rural banks for lending improved agricultural tools would be explored and new groups would be identified, preferably those in which scientists and technologists are actively involved for taking up developmental programmes for women at the grassroot level.

14.56 Special training programmes would continue to be sponsored for women in polytechnics and other institutions of technical education in areas such as repair and maintenance of radios, television and other electronic hardware or consumer durables, manufacture of PVC goods, lacquer work, fibre reinforced plastics etc. Involvement of women voluntary agencies and home science colleges would be ensured.

14.57 *Social Welfare* : The programmes for women under the Social Welfare Sector are meant to supplement the services available to women under other developmental sectors. Further strengthening is envisaged of the on-going schemes which have been found useful in skill formation and creation of gainful employment among women. Very close linkages with specialised agencies such as ICAR, ICMR, DST, Rural Development, Industry and Education are called for.

14.58 The Central Social Welfare Board would continue to extend grants-in-aid to voluntary organisations to set up a variety of income generating units under the 'Socio-Economic Programme' for the benefit of needy women. Efforts would be made to improve the programme by introducing better technical and marketing support. The scheme of assistance to public undertakings/corporations and autonomous or-

ganisations for supporting projects aimed at income generation and employment among women from weaker sections on a sustained basis with the help of Norwegian Agency for International Development (NORAD) would be further expanded, with focus on diversified occupations and inculcating new skills required by the job market. Grants would also be given for organising condensed educational and vocational training courses for adult women so as to improve their employment prospects. Short-duration training courses (not exceeding one year) in non-traditional trades would be expanded for rehabilitating women in distress and their dependent children. Construction expansion of hostels for working women from low-income groups will be accelerated with a view to provide accommodation with improved standards of service at reasonable cost. The possibility of involving the inmates in the management of these hostels would be explored. The scheme of training of rural women in public cooperation will be extended to develop leadership qualities among them and to involve them in the developmental activities of the country.

14.59 A new scheme, namely, Women's Development Corporations, would be taken up for promoting employment-generating activities by supporting schemes for women's groups and women from poorer sections of society. These corporations would identify potential areas of employment and assist beneficiaries in project formulation, raising the requisite finances and marketing of their products. A Women's Development Planning and Monitoring Cell will be set up for collection of data and monitoring of Plan programmes. Provision has also been made for a few innovative schemes/projects which, if found successful, would be replicated.

14.60 *Voluntary organisations* : At present the effort by voluntary agencies is rather uneven, and is mostly concentrated in the urban areas. These agencies have to be stimulated to extend their programmes to rural, hilly and backward areas. They would be encouraged to create public opinion against social evils like child marriage, dowry, illiteracy and atrocities on women. Sustained effort would be made for increasing the age at marriage of girls and for improving the adverse sex ratio. There is lack of awareness about the existing social legislation to protect the interests of women. Voluntary agencies would be supported to undertake educational work and bring in awareness among women regarding their rights and privileges. They would also be associated in extension activities.

14.61 The voluntary organisations would be involved in delivering the "Messages" on preventive and promotive health and social and nutritive care for women and children. It has been well established that blindness, leprosy, tuberculosis, polio, accidents, drug addiction and prostitution afflict vast numbers of our population. Instead of expending large sums on therapeutic and rehabilitative services (which are costly for those affected), emphasis would be on preventive care. Voluntary agencies, educational institutions and training centres would be involved and aided to take up various activities for promoting preventive measures in a planned and coordinated manner. Production of films, documentaries, literature and other forms of mass communication and deployment of non-formal channels of communication by these agencies and institutions would be fully supported. Besides, they can also take up programmes of vocational training for adult women and girls from poorer sections on a large scale in order to enlarge and improve the avenues of employment. There is an urgent need for 'public conveniences' for women at those bus stands, railway stations, theatres and market places which lack this amenity. Voluntary agencies would be encouraged to take up this work in a big way.

Monitoring

14.62 A proper monitoring mechanism will be developed to ensure optimal utilisation of facilities meant for women under different sectors and to minimise leakages. The special cells which are being set up in the Ministries for this purpose will be strengthened in order to ensure proper monitoring and coordination of different schemes. Steps will be taken to strengthen the machinery for monitoring progress of various schemes at State and district levels.

Source: India, Planning Commission. Seventh Five Year Plan 1985-90, V. 2. New Delhi, 1985.

II. List of

Government Programmes/Schemes

For

Women's Welfare and Development

Pages
89-92

(1950 - 1987)

1. Department of Women and Child Development Ministry of Human Resource Development

1.1 Scheme of Assistance for the Construction of Hostel Buildings for Working Women with a Day Care Centre

1.2 Guidelines for Assistance to Projects under NORAD

1.3 Scheme of Assistance for setting up Women's Training Centres/Institutes for Rehabilitation of Women in Distress.

1.4 Scheme of Short Stay Homes for Women and Girls.

1.5 Scheme of Assistance to Voluntary Organisations for Education Work for Prohibition and Prevention of Atrocities Against Women.

1.6 Support to Employment Programmes for Women (STEP)

1.7 Scheme for Setting up of Women's Development Corporations in the State/Union Territories.

1.8 Implementation of 15-Point Programme-welfare of Minorities.

1.9 General Grant-in-aid Scheme for Assistance to Voluntary Organisations in the Field of Women and Child Development.

1.10 Family Life Institute

1.11 Pilot Project for Mobilizing Public Opinion Against Trafficking and Raising Moral Standards in General.

1.12 US -AID assisted Development and Management Training Project.

1.13 Special Component plan (SCP) for Scheduled Castes and Tribal Sub-Plan (TSP) for Scheduled Tribes under Women and Child Development Sector.

For expectant and nursing mothers

1.14 Integrated Child Development Services Scheme (ICDS)

1.15 Supplementary Nutrition Programme (SNP)

1.16 World Food Programme (WFP)

1.17 Tamil Nadu Integrated Nutrition Project(TINP)

2. Ministry of Welfare

2.1 Scheme of Girls Hostels for Scheduled Castes

2.2 Scheme of Girls Hostel for Scheduled Tribes

3. Central Social Welfare Board

3.1 Socio-Economic Programme

3.2 Mahila Mandals

3.3 Hostels for Working Women

3.4 Awareness Generation Projects for Rural and Poor Womer

3.5 Scheme of Condensed Courses for Education for Adult Women

3.6 Family Counselling Centres

3.7 Voluntary Action Bureau.

3.8 Scheme of Vocational Training Programme for Adult Women.

3.9 Model Scheme for Rehabilitation of War Widows/Destitute/ Needy Women (Dairy Scheme)

3.10 General Grant-in-Aid to Voluntary Organisations

3.11 Welfare Extension Projects (Original pattern)

3.12 Welfare Extension Projects (Community Development)

3.13 Welfare Extension Projects (Urban) and Integrated Pre-school Projects (Urban Neighbourhood)

3.14 Welfare Extension Projects (Border Areas)

4. Department of Rural Development
Ministry of Agriculture

4.1 Integrated Rural Development Programme (IRDP)

4.2 Training of Rural Youth for Self-Employment (TRYSEM)

4.3 National Rural Employment Programme (NREP)

4.4 Scheme of Development of Women and Children in Rural Areas (DWCRA)

5. Department of Education
Ministry of Human Resource Development

5.1 Appointment of Women Teachers in primary Schools in the Educationally Backward States.

5.2 National Adult Education Programme

5.3 Rural Functional Literacy Project (RFLP)

5.4 State Adult Education Programme

5.5 Scheme of Financial Assistance to Voluntary Organisations Working in the Field of Adult Education.

5.6 Scheme of Post-Literacy and Follow-up Programme.

5.7 Mass Programme for Functional Literacy.

5.8 UGC Assistance to Universities for Research in Women's Studies.

5.9 Technology Mission for Eradication of Illiteracy (TMEI)

6. Ministry of Health and Family Welfare

6.1 National Family Welfare Programme

6.2 Maternal and Child Health Programme

- Prophylaxis Against Nutritional Anaemia Among Mothers and Children
- Countess of Dufferin's Fund Scholarship.

- Expanded Programme of Immunization
- Universal Immunisation Programme

6.3 Minimum Needs Programme

- Health Guides Scheme

6.4 Multipurpose Workers Scheme

6.5 Scheme of Dais Training

6.6 Continuing Education of Primary Health Care Staff

6.7 Female Health Worker (ANM) Training Programme

6.8 Female Health Assistant (LHV) Training Programme

7. Ministry of Labour

7.1 Assistance to Voluntary Agencies engaged in Welfare of Women and Child Labour.

7.2 Vocational Training Programme for Women

8. Department of Science and Technology
Ministry of Science and Technology

8.1 Scheme of Science and Technology for Women

9. Khadi and Village Industries Commission
Ministry of Industry

9.1 Scheme for Individuals for Processing of Cereals.

10. Committee for Implementing Legal Aid Schemes

10.1 Scheme for Legal Aid to the Poor.

III. Legislation on Women

Pages

93-95

Legislation on Women

PRE-INDEPENDENCE

*1. Regulation No. XXI of 1795 and Regulation No. III declaring infanticide illegal.

2. Bengal Sati Regulation XVII of 1829.

3. Hindu Widow's Remarriage Act, 1856 (15 of 1856) (amended in 1985).

4. The Convert's Marriage Dissolution Act, 1866 (21 of 1866).

5. Indian Divorce Act, 1869 (4 of 1869) (amended in 1985).

6. The Married Women's Property Act, 1874 (3 of 1874).

7. The Guardian and Wards Act, 1890.

9. The Legal Practitioners (Women) , Amendment Act, 1923 (23 of 1923).

10. The Indian Succession Act, 1925 (39 of 1925).

11. The Child Marriage Restraint Act, 1929 (19 of 1929).

12. The Parsi Marriage and Divorce Act, 1936.

13. The Arya Marriage Validation Act, 1937.

14. The Dissolution of Muslim Marriage Act, 1939.

*15. Hindu Marriage Disabilities Removal Act, 1939.

*16. Hindu Married Women's Right to Separate Residence and Maintenance Act, 1946.

POST INDEPENDENCE

17. The Minimum Wages Act, 1948. (11 of 1948).

18. Employee's State Insurance Act, 1948. (34 of 1948) amended upto 1984.

19. The Factories Act, 1948 (63 of 1948).

20. The Planatation Labour Act, 1951, (69 of 1951) (amended in 1986).

21. The Mines Act, 1952 (35 of 1952).

22. The Special Marriage Act, 1954 (43 of 1954).

23. The Hindu Marriage Act, 1955. (25 of 1956).

24. The Hindu Succession Act, 1956 (30 of 1956).

25. The Hindu Adoption and Maintenance Act, 1956. (78 of 1956)

26. The Suppression of Immoral Traffic in women and Girls, 1956 (104 of 1956) amended in 1986.

27. The Hindu Minority and Guardianship Act, 1956. (32 of 1956).

28. The Merchant Shipping Act, 1958. (44 of 1958).

29. The Dowry Prohibition Act, 1961. (28 of 1961) (amended in 1984).

30. The Motor Transoort Workers Act, 1961.

31. The Maternity Benefit Act, 1961, (53 of 1961).

32. The Shops and Establishment Act.

33. The Contract Labour (Regulation and Abolition) Act, 1970. (37 of 1970).

34. The Medical Termination of Pregnancy Act, 1971 (34 of 1971).

35. The Payment of Gratuity Act, 1972 (39 of 1972).

36. Code of Criminal Procedure, 1973 (2 of 1974) provides for search of female offender by another female.

37. The Equal Remuneration Act, 1976 (25 of 1976).

38. Code of Civil Procedure, 1908, amended in 1976 order XXXII-A regarding suits relating to matters concerning the family.

39. Criminal Law Amendment Act, 1983.

40. Family Courts Act, 1984.

41. The Immoral Traffic (Prevention) Act, 1956 (Act No. 104 of 1956 as amended upto Act No. 44 of 1986) replaces the Suppression of Immoral Traffic in Women and Girls Act, 1956.

42. The Indecent Representation of Women (Prohibition) Act, 1986 (60 of 1986).

43. Muslim Women (Protection of Rights on Divorce) Bill, 1986.

44. Rajasthan Sati Prevention Ordinance, 1987 (as passed on 1st Oct. 1987).

* The Acts have been repealed.

IV.	Statistics On Women	Pages
		96-165
1.	Demography	96-111
	General Population Tables	96-101
	Data on Sex Ratio	102
	Data on Age at Marriage	103-104
	Data on Marital Status	105-109
	Data on Parity	110-111

TABLE 1.1

Population trends in India from 1901 to 1981

Census year	Population			Sex ratio (females per 1000 males)	Decadal variation (per cent)	Annual average exponential growth rate (per cent)	Urban population as percentage to total population
	Persons	Males	Females				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1901	23,83,96,327	12,07,91,301	11,73,58,672	972			10·84
1911	25,20,93,390	12,83,85,368	12,37,08,022	964	5·75	0·56	10·29
1921	25,13,21,213	12,85,46,225	12,27,74,988	955	—0·31	— 0·03	11·18
1931	27,89,77,238	14,29,29,689	13,57,88,921	950	11·00	1·04	11·99
1941	31,86,60,580	16,36,85,302	15,46,90,267	945	14·22	1·33	13·86
1951	36,10,88,090	18,55,28,462	17,55,59,628	946	13·31	1·25	17·29
1961	43,92,34,771	28,62,93,201	21,29,41,570	941	21·51	1·96	17·97
1971*	54,81,59,692	28,40,49,276	26,41,10,378	930	24·80	2·20	19·9
1981*	68,51,84,692	35,43,97,884	33,07,86,808	933	25·00	2·25	23·31

Note: (i) The distributions of population of Pondicherry by sex for 1901 (2,46,354), 1931 (2,58,628) and 1941 (2,85,011) are not available. The figures for these years are exclusive of these population so far as distribution by sex is concerned

(ii) In 1901, sex-wise distributions of Chandannagar M.C. (26,831) of West Bengal and Gonda M.B. (18,810) of Uttar Pradesh are not available

(iii) The population figures exclude population of area under unlawful occupation of Pakistan and China where the census could not be taken

*Refers to 1 April 1971 in respect of 1971 Census. In 1981 Census, the reference date was 1 March 1981 in all States and Union Territories except Jammu and Kashmir where it was 6 May 1981. Data for 1981 Census includes projected population of Assam where 1981 Census could not be conducted owing to disturbed conditions prevailing in that State, then In 1961 Census the reference date was 1 March 1961. In working out the decadal variations for 1961-71 and 1971-81 the change in the reference date has not been taken into account but it has been accounted in working out the annual average exponential rate of growth for these periods

Source: *Census of India 1981, Series-1 India, Paper 2 of 1983, Key Population Statistics Based on 5 Per cent Sample*, Registrar General & Census Commissioner, India, New Delhi, 1983, pp. 4 and 6

TABLE 1.2

Population projection by age

Age group (in years)	1981			1986		
	Persons	Males	Females	Persons	Males	Females
(1)	(2)	(3)	(4)	(5)	(6)	(7)
0—4	9,70,857	4,95,875	4,74,982	10,53,753	5,40,502	5,13,233
5—9	9,21,455	4,74,304	4,47,151	9,20,960	4,71,889	4,49,071
10—14	8,27,690	4,33,036	3,94,654	9,10,966	4,69,118	4,41,848
15—19	6,94,593	3,62,957	3,31,636	8,20,363	4,29,502	3,90,861
20—24	5,85,718	3,00,895	2,84,823	6,86,490	4,59,495	3,26,995
25—29	5,09,833	2,59,106	2,50,727	5,77,856	2,97,662	2,80,194
30—34	4,43,458	2,26,112	2,17,346	5,02,410	2,55,862	2,46,548
35—39	3,91,204	2,01,695	1,89,509	4,35,788	2,22,215	2,13,573
40—44	3,45,288	1,80,760	1,64,528	3,81,982	1,96,427	1,85,555
45—49	2,98,028	1,58,424	1,39,604	3,34,047	1,74,071	1,59,976
50—54	2,43,089	1,29,875	1,13,214	2,84,171	1,49,953	1,34,218
55—59	1,95,090	1,03,082	92,008	2,26,136	1,19,578	1,06,558
60—64	1,54,637	79,968	74,669	1,74,014	90,613	83,401
63—69	1,15,034	58,906	56,128	1,28,823	64,773	64,050
70+	1,55,616	78,848	76,768	1,72,960	86,208	86,752
All ages	68,51,590	34,43,843	33,07,747	76,10,701	39,27,868	36,82,833

Note : Figures relate to medium projections and refer to position on 1 March of respective year, Figures for 1981 Census include projected population of Assam

Source : *Report of the Expert Committee on Population Projections*, Demography Division, Office of the Registrar General, India, Ministry of Home Affairs, Government of India, New Delhi, mimeographed, pp. 50-51

in India from 1981 to 2001 (In hund

1991			1996			2001		
Persons	Males	Females	Persons	Males	Females	Persons	Males	Fema
(8)	(8)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
10,57,050	5,41,993	5,15,057	10,57,299	5,42,181	5,15,188	10,31,606	5,28,872	5,02,7
10,08,151	5,18,284	4,89,867	10,19,158	5,23,376	4,95,782	10,26,809	5,26,920	4,99,8
9,12,289	4,67,567	4,44,722	10,00,500	5,14,402	4,86,098	10,13,212	5,20,272	4,92,9
9,04,383	4,65,942	4,38,441	9,07,089	4,65,015	4,42,074	9,96,280	5,12,229	4,84,0
8,12,629	4,26,081	3,86,548	8,97,734	4,62,922	4,34,812	9,02,278	4,62,648	4,39,6
6,79,019	3,56,222	3,22,797	8,05,671	4,22,858	3,82,813	8,92,068	4,60,081	4,31,9
5,70,887	2,94,466	2,76,421	6,72,392	3,52,989	3,19,403	7,99,571	4,19,665	3,79,9
4,95,065	2,52,095	2,42,970	5,63,944	2,90,822	2,73,122	6,65,779	3,49,385	3,16,3
4,27,026	2,17,278	2,09,758	4,86,673	2,47,394	2,39,279	5,56,044	2,86,369	2,69,6
3,71,192	1,90,106	1,81,086	4,16,611	2,11,249	2,05,362	4,76,518	2,41,543	2,34,9
3,20,220	1,65,759	1,54,461	3,57,592	1,82,023	1,75,469	4,02,876	2,03,231	1,99,6
2,66,193	1,39,151	1,27,042	3,01,769	1,54,900	1,46,869	3,38,614	1,71,096	1,67,5
2,03,742	1,06,323	97,419	2,41,912	1,24,982	1,16,930	2,76,242	1,40,274	1,35,9
1,47,349	74,950	72,399	1,74,923	89,594	85,329	2,10,129	1,06,950	1,03,1
1,97,299	96,810	1,00,489	2,29,288	1,12,670	1,16,618	2,72,960	1,35,003	1,37,9
83,72,494	43,13,017	40,59,477	91,32,455	46,97,377	44,35,078	98,60,986	50,64,538	47,96,4

TABLE 1.3

Summary of population projections, India 1981 to 2001

Sl. No.	Assumed fertility level	Vital rate	Projected vital rates 1981-1986	1986-1991	1991-1996	1996-2001	Sex	Projected population as on 1 March ('00) 1981	1986	1991	1996	2001
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1	High	BR	32.46	32.30	31.97	31.06	P	68,51,590	75,81,580	84,34,987	94,19,704	1,05,25,142
		DR	12.21	10.97	9.89	8.87	M	35,43,843	39,13,595	43,47,578	48,49,822	54,14,149
		GR	20.25	21.33	22.08	22.19	F	33,07,747	36,67,985	40,87,409	45,69,882	51,10,993
		GFR	152	147	144	141	SR	1,071	1,067	1,064	1,061	1,059
2	Medium	BR	32.46	30.45	27.61	24.42	P	68,51,590	75,81,580	83,64,498	91,54,925	99,14,792
		DR	12.21	10.80	9.55	8.48	M	35,43,843	39,13,595	43,11,383	47,13,744	51,00,343
		GR	20.25	19.65	18.06	15.94	F	33,07,747	36,67,985	40,53,115	44,41,181	48,14,449
		GFR	152	138	122	106	SR	1,071	1,067	1,064	1,061	1,059
3	Low	BR	32.46	29.42	25.16	20.78	P	68,51,590	75,81,580	83,25,341	90,09,820	95,92,157
		DR	12.21	10.71	9.36	8.25	M	35,43,843	39,13,595	42,91,280	46,39,179	49,34,468
		GR	20.25	18.72	15.80	12.53	F	33,07,747	36,67,985	40,34,061	43,70,641	46,57,689
		GFR	152	133	110	88	SR	1,071	1,067	1,064	1,061	1,059

Note : Projections are based on following assumptions :

(i) Expectation of life at birth for base year 1980 : M-54.1; F-54.7

(ii) Base year general fertility rate (GFR) (1980) : 164

(iii) Mortality assumptions :- Annual increase in expectation of life at birth year/year : M/F-0.50/0.50

		1981-86	*1986-91*	*1991-96*	*1996-2001*	*2001*
(iv) Projected values of expectations of life at birth	M :	55.6	58.1	60.6	63.1	64.1
	F :	56.2	58.7	61.2	63.7	64.7

(v) High level of fertility : Relates to the assumption that the level of couples effectively protected by contraception will remain at 28% till 2000

(vi) Medium level of fertility : Relates to the assumption that the level of couples effectively protected by contraception will be around 48.8% by 2000

(vii) Low level fertility : Relates to the assumption that the level of couples effectively protected by contraception will be about 60% by 2000

Source : *Census of India 1981, Series-I, India, Paper 1 of 1984, Population Projections for India, 1981-2001*, 1984, p.9

TABLE 1.4

Percentage distribution of estimated population by age-groups and sex, 1983

INDIA

Age-group	Rural			Urban			Combined		
	Male	Female	Person	Male	Female	Person	Male	Female	Perso
1	2	3	4	5	6	7	8	9	10
0-4	13.35	13.54	13.44	11.93	12.47	12.19	13.03	13.30	13.1
5-9	13.35	13.25	13.30	12.27	12.44	12.35	13.11	13.07	13.0
10-14	13.18	12.46	12.83	11.70	11.84	11.77	12.85	12.33	12.6
15-19	10.77	10.08	10.44	10.93	10.99	10.96	10.81	10.28	10.5
20-24	8.31	8.70	8.50	9.71	10.27	9.98	8.62	9.04	8.8
25-29	7.32	7.55	7.43	9.07	9.14	9.10	7.71	7.89	7.8
30-34	6.09	6.45	6.26	7.14	6.80	6.98	6.32	6.53	6.4
35-39	5.51	5.75	5.63	6.28	6.02	6.16	5.69	5.81	5.7
40-44	5.00	5.03	5.02	5.39	4.79	5.10	5.09	4.98	5.03
45-49	4.40	4.40	4.40	4.60	4.06	4.34	4.44	4.32	4.38
50-54	3.79	3.60	3.70	3.55	3.27	3.42	3.74	3.53	3.64
55-59	2.81	2.77	2.79	2.51	2.40	2.46	2.74	2.69	2.72
60-64	2.47	2.55	2.51	2.05	2.18	2.11	2.38	2.47	2.42
65-69	1.63	1.74	1.68	1.27	1.45	1.35	1.55	1.68	1.61
70 & Over	2.02	2.13	2.07	1.60	1.88	1.73	1.92	2.08	2.00
All ages	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Source: India. Ministry of Home Affairs. Office of the Registrar General. Vital Statistics Division. Sample Registration System 1983. New Delhi. 1986.

TABLE 1.5

Growth of female population in the reproduction age group, 15-44 years. in India from 1961 to 2001

Year	Female population in the age group of 15—44 years			
	Number (in '000)		Average annual percentage increase	
	Total	Married	Total	Married
(1)	(2)	(3)	(4)	(5)
1961	92,776	79,555		
1971	1,13,430	95,168	2.23	1·96
1981	1,43,857	1,15,776*	2.68	2·17
1986	1,64,323	1,29,161	2·85	2.31
1991	1,87,694	1,44,081	2·84	2·31
1996	2,09150	1,57,622	2·29	1.92
2001	2,32,164	1,72,716	2.20	1.92

Note : (i) Refer to position on 1 March of respective year

(ii) Figures for 1986 to 2001 in col. (2) are projected and col. (3) extrapolated

*Since no census was conducted in Assam the number of married females in 1981 has been estimated by applying the proportion of married females in the age group 15—44 years according to 1981 Census 5% sample data. i. e. 0·8048 to the female population aged 15—44 years shown in col (2)

Source : *Report of the Expert Committee on Population Projections*, Demography Division. Office of the Registrar General India, Ministry of Home Affairs, Government of India, mimeographed. p. 11

TABLE 1.6

Proportion of population in age groups 0-4 and 5-9, 1971, 1981, child-woman ratio, 1961-1981 and dependency ratio, 1981

Sl. No.	India/State	Percentage of population in				Child Woman ratio						Dependency ratio 1981**
		0-4		5-9		P(0-4)/F(15-49)			P(5-9)/F(20-54)			
		1971	1981	1971	1981	1961	1971	1981	1961	1971	1981	
1	2	3	4	5	6	7	8	9	10	11	12	13
	INDIA*	14·51	12·59*	14·96	14·07*	659	655	546*	711	755	695*	854*
1	Andhra Pradesh	13·83	12·16	14·63	14·25	589	599	514	654	694	666	829
2	Bihar	14·59	13·37	15·79	15·37	661	643	597	750	766	763	935
3	Gujarat	14·45	12·42	15·32	13·38	699	651	518	748	787	648	809
4	Haryana	15·72	13·34	15·93	14·34	830	781	620	855	924	788	931
5	Karnataka	14·91	12·50	14·87	13·96	660	652	538	754	762	689	858
6	Kerala	13·38	10·77	13·47	11·49	638	550	400	698	666	525	741
7	Madhya Pradesh	16·04	13·59	15·80	14·48	704	747	611	672	806	748	901
8	Maharasthra	14·39	11·98	14·63	13·40	651	643	513	695	728	641	914
9	Orissa	14·24	11·86	15·25	14·40	588	636	507	837	750	708	853
10	Punjab	12·98	11·84	14·29	12·38	732	611	512	849	794	634	806
11	Rajasthan	15·51	14·13	15·71	15·03	727	728	656	741	816	794	946
12	Tamil Nadu	13·09	11·17	13·17	11·94	547	531	435	560	590	529	706
13	Uttar Pradesh	14·67	13·51	14·88	15.28	663	685	629	700	761	792	946
14	West Bengal	14·57	11·50	15·24	13·54	697	700	493	807	844	683	739

Note: 1. Columns 7, 8, 9 calculated as the ratio of children in the age group 0-4 to 1,000 women in the age group 15-49.

2. Columns 10, 11, 12 calculated as the ratio of children in the age group 5-9 to 1,000 women in the age group 20-54.

*Excludes Assam.

**Dependency ratio has been calculated as number of persons in age groups 0-14 and 60 & above per 1,000 persons in age group 15-59.

Source: Census of India, 1981, Series-1, Paper-2 of 1983-Key Population Statistics Based on 5 Per Cent Sample Data, Registrar General, India.

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TABLE 1.7

Sex ratio by age group in India, Census 1901 to 1981

Sl. No.	Year	Sex ratio[a] in the age group (years)				
		0-4	5-9	10-14	0-14	All age groups
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	1901	969	1,042	1,202	1,064	1,029
2	1911	968	1,044	1,212	1,060	1,037
3	1921	962	1,035	1,206	1,058	1,047
4	1931	964	1.053	1,181	1,057	1.053
5	1941	995	1,050	1,176	1,065	1.058
6	1951	1,008	1,033	1,100	1,045	1,057
7	1961	1,008	1,047	1,141	1,057	1,063
8	1971	1,022	1,061	1,131	1,067	1,075
9	1981	1,044	1,061	1,097	1,066	1,071

a : Number of males per 1,000 females

Source : (i) K.B. Pathak and P.C. Saxena, "Size, Growth and Basic Compsotion of the Child Population" in K. Srinivasna, P.C. Saxena and Tara Kanitkar (eds.), *Demographic and Socio-Economic Aspects of the Child in India*, Himalaya Publishing House, Bombay, 1979, p. 36

Based on (ii) *"Census of India 1981, Series-I, India, Paper 1 of 1984, Population Projections for India, 1981-2001*, 1984, p. 12

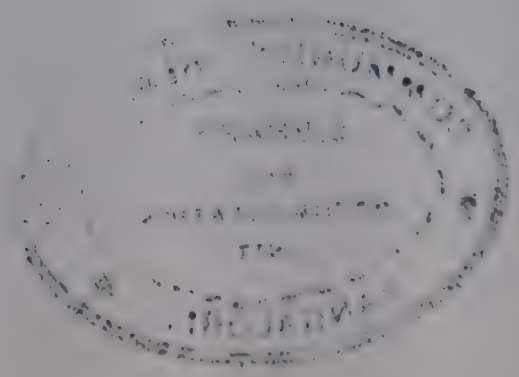


TABLE 1.8

Mean age at marriage by sex in India, Census 1901 to 1981

SLNo.	Year	Male	Fe
(1)	(2)	(3)	
1	1901	20.0	
2	1911	20.3	
3	1921	20.7	
4	1931	18.6	
5	1941	19.9	
6	1951	19.9	
7	1961	21.3	
8	1971[a,b]	22.4	
9	1981[a,b]	23.3	

a : Excludes Assam

b : The data refer to singulate mean age at marriage worked out by Hajnal's method

Source : i) The Population of India – 1974 World Population Year CICRED Series – (upto 1961 Census)

ii) Census of India 1981, Series - 1, India, Paper 2 of 1983, Key Population Statistics Based on 5 Per Cen Sample Data, p. 13

TABLE 1.9

Mean age at marriage by sex in major States, Census 1971 and 1981

No.	India/State	Mean age at marriage			
		Male		Female	
		1971	1981	1971	1981
	(2)	(3)	(4)	(5)	(6)
	India[a]	**22.36**	**23.27**	**17.16**	**18.32**
	States				
	Andhra Pradesh	22.71	23.02	16.22	17.25
	Bihar	19.84	21.47	15.27	16.53
	Gujarat	22.21	23..09	18.43	19.51
	Haryana	20.52	21.67	16.64	17.87
	Karnataka	25.03	25.86	17.80	19.20
	Kerala	26.74	27.19	21.01	21.85
	Madhya Pradesh	19.72	20.57	14.99	16.52
	Maharashtra	23.57	24.28	17.54	18.76
	Orissa	22.57	24.17	17.29	19.04
	Punjab	23.32	24.40	20.18	21.04
	Rajasthan	19.52	20.35	15.07	16.09
	Tamil Nadu	25.92	25.97	19.58	20.22
	Uttar Pradesh	19.30	20.86	15.45	17.77
	West Bengal	24.28	25.66	17.92	19.26

: Refers to singulate mean age at marriage worked out by Hajnal's method

: Excludes Assam

e : *Census of India 1981 Series-1, India, Paper 2 of 1983, Key Population Statistics Based on 5* Per Cent *Sample Data*, p. 13

TABLE 1.10

Percentage distribution of population by age, sex and marital status in India (rural, urban, total) in 1981

Age group (in years)	Male/ Female	Total			Rural			Urban		
		Currently married	Widowed	Divorced/ separated	Currently married	Widowed	Divorced/ separated	Currently married	Widowed	Divorced/ separated
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
10—14	Males	2·63	0·02	Neg.	3·11	0·02	0·01	1·00	0·01	Neg
	Females	6·59	0·03	0·03	7·82	0·04	0·04	2·17	0·01	0·01
15—19	Males	12·32	0·09	0·07	14·75	0·11	0·09	5·56	0·03	0·02
	Females	43·47	0·21	0·42	48·92	0·23	0·50	27·89	0·13	0·19
20—24	Males	43·17	0·38	0·31	49·00	0·46	0·39	29·52	0·17	0·10
	Females	88·44	0·69	0·82	88·37	0·75	0·94	73·47	0·53	0·48
25—29	Males	77·27	0·78	0·47	80·96	0·95	0·57	68·01	0·37	0·20
	Females	94·33	1·50	0·88	95·35	1·59	0·98	91·40	1·24	0·61
30—34	Males	91·05	1·34	0·51	91·74	1·60	0·62	89·26	0·67	0·25
	Females	94·81	3·12	0·87	95·07	3·22	0·93	93·99	2·81	0·69
35—39	Males	94·19	1·94	0·49	94·04	2·28	0·57	94·59	1·00	0·27
	Females	93·17	5·42	0·77	93·25	5·50	0·81	92·91	5·14	0·64
40—44	Males	93·45	3·31	0·50	92·96	3·80	0·58	94·86	1·89	0·28
	Females	87·81	10·86	0·78	88·00	10·83	0·79	87·13	10·98	0·74
45—49	Males	92·79	4·46	0·45	92·25	5·01	0·51	94·47	2·75	0·26
	Females	82·93	15·96	0·67	83·33	15·68	0·54	81·48	16·97	0·64
50—54	Males	89·93	7·34	0·44	89·26	8·05	0·48	92·21	4·92	0·29
	Females	69·23	29·71	0·63	69·65	29·41	0·64	67·64	30·87	0·59
55—59	Males	88·57	8·97	0·39	87·84	9·73	0·44	91·06	6·41	0·23
	Females	67·33	31·79	0·52	68·48	30·74	0·53	62·72	35·09	0·50
60—64	Males	83·37	14·11	0·39	82·62	14·88	0·42	88·46	10·94	0·27
	Females	43·09	56·05	0·46	43·63	55·60	0·47	40·87	57·92	0·45
65—69	Males	80·33	17·21	0·37	79·75	17·85	0·39	82·69	14·61	0·29
	Females	40·62	58·55	0·40	41·55	57·72	0·40	36·87	61·94	0·39
70+	Males	70·44	27·04	0·39	69·81	27·74	0·41	73·17	24·06	0·29
	Females	21·71	77·55	0·30	22·11	77·24	0·30	20·13	78·78	0·29
Age not stated	Males	26·55	1·53	0·23	31·58	2·04	0·31	18·99	0·76	0·09
	Females	23·33	5·58	0·34	28·46	7·00	0·51	16·59	3·73	0·11
All ages	Males	42·03	2·43	0·23	42·25	2·71	0·26	41·35	1·56	0·12
	Females	45·80	8·06	0·42	46·49	8·23	0·45	43·46	7·46	0·32
15—44	Males	80·48	2·92	0·74	82·84	3·04	0·82	73·35	2·54	0·52
15—49	Females	80·70	4·09	0·74	82·89	4·23	0·80	74·00	3·69	0·53

Note : Excludes Assam

Neg. : Negligible

Currently married : A person whose marriage, whether for the first or any other time subsists at the time of enumeration with the spouse living and persons who are recognised by custom or society as married and persons who are living in stable defacto union

Widowed : A person whose husband or wife is dead

Divorced/separated : A person who has been separated from one's wife or husband and is living apart with no apparent intention of living together again or who has been divorced either by decree of a law court or by an accepted social and religious custom but has not remarried

Source : *Census of India, 1981. Series-1, India, Part-II-Special, Report & Tables Based on 5 Per Cent Sample Data*, Registrar General & Census Commissioner, India, New Delhi, 1984, pp. 32-33 (Part 1, Report)

TABLE 1.11

Percentage of ever married women (aged 50 and above) with no live births by religion and area in India, Census 1981

Sl.No.	Religion	All areas	Rural	Urban
(1)	(2)	(3)	(4)	(5)
	All religions	**6.10**	**6.00**	**6.49**
1	Hindus	6.27	6.19	6.61
2	Muslims	5.52	5.06	6.55
3	Christians	4.08	3.89	4.61
4	Sikhs	5.20	5.12	5.55

Source : *Census of India 1981, Series-I, India, Part-II, Special, Report and Tables Based on 5 Per Cent Sample Data, 1984, p. 54*

TABLE 1.12

Number of ever married children (10-14 years) and their proportion to total children by sex and area in India, Census. 1951 to 1981

Year	Area	Number of ever married children		Proportion of ever married to total children (%)	
		Male	Female	Male	Female
(1)	(2)	(3)	(4)	(5)	(6)
1951	Rural	27,13,100	56,73,790	14.57	33.83
	Urban	1,99,230	5,38,700	5.45	16.35
1961	Rural	16,79,167	41,94,057	7.83	22.29
	Urban	92,788	2,88,718	1.93	6.85
1971	Rural	15,87,237	35,09,789	5.41	13.57
	Urban	68,020	2,41,592	0.95	3.76
1981[a]	Rural	..	..	3.14	7.90
	Urban	..	..	1.01	2.19

a : Excludes Assam

Source : i) K.S. Natarajan, *"Child in India – A Demographic Profile (mimeograph) 1979,"* Tables A–19 to 22

ii) Based on *Census of India 1981, Series - 1, India, Paper 2 of 1983, Key Population Statistics Based on 5 Per Cent Sample Data*, p. 10

TABLE 1.13

Selected nuptiality indicators- India and States, 1971 and 1981 (Census)

Sl. No.	State/Union Territories		No. of married females between 15 - 44 years (in 000's)	Proportion married females in age groups			Singulate Mean Age at marriage		Rate of married couples per 1000 population
				15 - 44	15 - 19	20 - 24	Male	Female	
1	2	3	4	5	6	7	8	9	10
1	Andhra Pradesh	1981	9,676	84·09	56·27	93·38	23·10	17·59	181
		1971	7,846	85·35	66·86	92·66	22·80	16·84	180
2	Bihar	1981	12,664	88·56	64·06	93·39	21·63	17·08	181
		1971	10,556	90·45	76·20	95·25	20·20	16·37	187
3	Gujarat	1981	5,707	76.29	26.86	82.86	23.15	19.62	167
		1971	4,366	80.72	39.48	88.59	22.30	18.61	164
4	Haryana	1981	2,094	80.64	47.44	88.81	21.91	18.22	162
		1971	1,620	87.37	61.03	93.92	20.87	17.26	161
5	Karnataka	1981	6,012	76.11	36.17	78.78	25.91	19.40	162
		1971	4,794	80.45	49.61	86.84	25.08	18.14	164
6	Kerala	1981	3,703	60.65	13.98	57.74	27.20	21.87	145
		1971	2,981	63.10	18.13	64.16	26.74	21.04	140
7	Madhya Pradesh	1981	8,183	87.07	62.71	91.75	20.85	17.19	176
		1971	7,433	91.02	77.88	95.37	20.28	16.27	178
8	Maharasthra	1981	10,606	79.76	38.09	83.97	24.34	18.93	169
		1971	8,631	83.80	53.13	88.12	23.63	17.89	171
9	Orissa	1981	4,335	77.42	30.93	86.78	24.19	19.10	164
		1971	3,835	85.45	56.70	92.31	22.60	17.49	175
10	Punjab	1981	2,462	69.39	14.12	67.41	24.45	21.12	147
		1971	1,938	73.64	22.32	77.60	23.34	20.24	143
11	Rajasthan	1981	5,950	88.54	64.25	94.71	20.77	17.02	174
		1971	4,600	91.21	75.46	96.63	20.07	16.33	179
12	Tamil Nadu	1981	8,137	72.66	22.83	75.74	25.99	20.25	168
		1971	6,974	75.98	26.77	81.19	25.93	19.60	169
13	Uttar Pradesh	1981	19,006	88.42	60.50	93.68	21.13	18.34	171
		1971	15.639	90.77	72.45	95.34	19.91	16.57	177
14	West Bengal	1981	8,746	74.66	37.28	77.52	25.70	19.40	160
		1971	6,740	79.18	51.42	85.03	24.38	18.22	152
	All India	1981*	112,257	80.48	43.47	88.44	23.41	18.66	169
		1971	93,144	83.90	55.41	88.83	22.60*	17.75*	170

*Excludes Assam

Source: Registrar General, India.

India. Ministry of Health and Family Welfare. Department of Family Welfare. Family Welfare Programme in India, Yearbook 1983-84. New Delhi, 1984. p. 40.

TABLE 1.14

Number of married couples (with wife aged between 15-44 years all India Census, 1971.

Age group of wife (Years)	Number of married couples					
	Rural		Urban		Total	
	Number	Rate per 1000 popn.	Number	Rate per 1000 popn	Number	Rate per 1000 popn
1	2	3	4	5	6	7
15—19	10,536,079	24	1,789,587	16	12,325,666	23
20—24	15,354,902	35	3,767,890	35	19,122,792	35
25—29	15,578,503	35	3,868,537	35	19,447,045	35
30—34	13,598,445	31	3,202,907	29	16,801,352	31
35—39	11,516,243	26	2,793,509	26	14,309,752	26
40—44	9,091,119	21	2,046,121	19	11,137,240	20
Total (15—44)	75,675,296	172	17,468,551	160	93,143,347	170

Source:— Registrar General, India.

Source : India. Ministry of Health and Family Welfare. Department of Family Welfare. Family Welfare Programme in India, Yearbook 1983-84. New Delhi 1984. p. 44.

TABLE 1.15

Average number of children born per woman by age group and area in major States, Census 1981

Sl. No.	India/State	Area	Age group (yrs)							
			15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	India[a]	All	0.17	1.13	2.41	3.46	4.26	4.71	4.99	4.74
		Rural	0.19	1.19	2.47	3.53	4.35	4.81	5.07	4.80
	States	Urban	0.13	0.99	2.24	3.22	3.98	4.38	4.68	4.50

Source: India. Ministry of Welfare. Child in India, a Statistical Profile. New Delhi, 1985. p. 34.

TABLE 1.16

Percentage of ever married females with three children or more by religion and area in India, Census 1981

Sl. No.	Religion	Below 25 years				Above 25 years			
		Percentage of ever married females		Percenatage of ever married females with 3 or more children		Percentage of ever married females		Percentage of ever married females with 3 or more children	
		Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	All religions	23.70	21.13	9.66	11.62	76.30	78.87	71.40	66.34
2	Hindus	23.97	19.48	9.42	12.02	76.03	80.52	71.00	65.23
3	Muslims	25.29	23.28	11.62	15.36	74.71	76.72	74.01	72.32
4	Christians	14.45	14.16	9.20	10.92	85.55	85.84	70.92	62.86
5	Sikhs	15.98	16.50	11.23	10.29	84.02	83.50	77.17	68.17
6	Buddhists	20.35	23.74	10.58	12.96	79.65	76.26	75.87	70.58
7	Jains	18.52	16.40	11.84	8.78	81.48	83.60	75.05	67.82

Source : Census of India, Series-I, India, Part-II, Special, Report & Tables Based on 5 Per Cent Sample Data, p. 53

2. Vital Statistics

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TABLE 2.1

Estimated SRS vital rates : India
1971 - 1985

Year	RURAL		URBAN		COMBINED	
	Crude BR	Crude DR	Crude BR	Crude DR	Crude BR	Crude DR
1	2	3	4	5	6	7
1971	38.9	16.4	30.1	9.7	36.9	14.9
1972	38.4	18.9	30.5	10.3	36.6	16.9
1973	35.9	17.0	28.9	9.6	34.6	15.5
1974	35.9	15.9	28.4	9.2	34.5	14.5
1975	36.7	17.3	28.5	10.2	35.2	15.9
1976	35.8	16.3	28.4	9.5	34.4	15.0
1977	34.3	16.0	27.8	9.4	33.0	14.7
1978	34.7	15.3	27.8	9.4	33.3	14.2
1979	35.1	14.1	27.6	8.1	33.7	13.0
1980	35.1	13.7	27.8	7.9	33.7	12.6
1981	35.6	13.7	27.0	7.8	33.9	12.5
1982	35.5	13.1	27.6	7.4	33.8	11.9
1983	35.3	13.1	28.3	7.9	33.7	11.9
1984	35.3	13.8	29.4	8.6	33.9	12.6
1985	34.0	12.9	28.0	7.6	32.7	11.7

Source: India. Ministry of Home Affairs. Registrar General. Sample Registration Bulletin. 20(2), Dec. 1986. P2-3. New Delhi.

Expectation of life at different ages by sex in India from 1901 to 2001

Year	Expectation of life (in years) at													
	Birth		Age 10		Age 20		Age 30		Age 40		Age 50		Age 60	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(3)	(14)	(15)
1901 . .	23·63	23·96	34·73	33·86	28·59	28·64	22·90	28·32	17·91	19·12	13·59	14·50	9·53	10·02
1911 . .	22·59	23·31	33·36	33·74	27·46	27·96	22·45	22·99	18·01	18·49	13·97	14·28	10·00	10·11
1921 . .	19·42	20·91	29·64	29·21	25·46	25·41	21·64	21·78	17·93	18·31	14·30	14·95	10·67	11·67
1931* . .	26·91	26·56	36·38	33·61	29·57	27·08	23·60	22·30	18·60	18·23	14·31	14·65	10·25	10·81
1941 . .	32·09	31·37	41·20	38·56	35·02	33·11	29·03	27·89	23·27	22·91	17·77	18·17	12·59	13·68
1951 . .	32·45	31·66	38·97	39·45	33·03	32·90	26·58	26·18	20·53	21·06	14·89	16·15	10·13	11·33
1961 . .	41·89	40·55	45·21	43·78	36·99	35·63	29·03	27·86	22·07	22·37	16·45	17·46	11·77	12·98
1971** . .	46·40	44·70	48·80	47·70	41·10	39·90	33·50	32·00	25·90	25·40	19·20	19·70	13·60	13·80
1980 . .	54·10	54·70	56·10	58·00	47·00	49·20	38·00	1·00	29·30	32·50	21·40	24·30	14·60	17·00
1981-86 . .	55·60	56·20												
1986-91 . .	58·10	58·70												
1991-96 . .	60·60	61·20												
1996-2001 .	63·10	63·70												
2001 . .	64·10	64·70												

Note : (i) Figures exclude Sikkim

(ii) Figures for 1980 are based on Sample Registration System

(iii) Figures from 1981-86 to 2001 are projections

Expectation of life : Average number of additional years a person would live if current mortality trends were to continue

* Figures relate to expectation of life at birth and in age group 10-19, 20-29, 30-39, 40-49, 50-59 and 60-69 year

** Figures are based on 10 per cent rural and 20 per cent urban sample

Source : Office of the Registrar General, India, Ministry of Home Affairs, Government of India, New Delhi

India. Ministry of Welfare, Handbook on Social Welfare Statistics, New Delhi, 1986. p. 17.

TABLE 2.3

Mean age of fertility in India in major states, 1983.

India/States	Mean age of fertility
INDIA	28.4
Andhra Pradesh	26.7
Assam	28.0
Bihar	29.7
Gujarat	27.6
Haryana	28.2
Himachal Pradesh	27.2
Jammu & Kashmir	29.5
Karnataka	28.0
Kerala	27.2
Madhya Pradesh	27.5
Maharashtra	26.9
Orissa	27.8
Punjab	28.2
Rajasthan	29.3
Tamil Nadu	27.0
Uttar Pradesh	29.8
West Bengal	28.1

Source: India. Ministry of Home Affairs. Office of the Registrar General. Vital Statistics Division. Sample Registration System 1983. New Delhi 1986.

TABLE 2.4

Age specific fertility rates in India (rural, urban, total) from 1971 to 1983

Year	Rural/ Urban/ Total	Age groups (in years)						
		15-19	20-24	25-29	30-34	35-39	40-44	45-49
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1971	Rural	110·6	260·9	261·6	212·4	147·5	68·2	26·3
	Urban	64·9	213·9	227·9	158·0	96·5	34·9	15·4
	Total	100·8	150·8	254·8	202·2	137·8	62·2	24·4
1972	Rural	111·5	260·9	256·8	205·1	142·0	65·3	31·2
	Urban	75·5	233·5	237·6	175·1	93·8	37·7	15·6
	Total	104·2	255·3	253·0	199·9	133·3	60·7	28·6
1973	Rural	108·2	254·6	251·4	197·3	133·6	64·2	25·7
	Urban	69·3	205·9	210·7	138·3	81·6	31·0	12·2
	Total	95·9	243·4	242·6	186·3	123·8	58·0	23·3
1974	Rural	104·9	262·2	258·2	200·7	125·8	61·2	23·3
	Urban	62·2	202·0	204·3	140·5	79·3	30·5	12·7
	Total	95·7	248·8	246·6	189·1	117·2	55·7	21·4
1975	Rural	104·4	261·3	261·8	202·4	130·2	58·9	24·5
	Urban	64·3	206·7	207·6	136·8	76·8	33·2	10·9
	Total	96·0	248·7	250·1	189·4	120·5	54·0	22·1
1976	Rural	87·0	260·2	250·8	190·9	126·3	58·9	17·3
	Urban	64·6	213·7	197·5	133·9	73·6	28·9	8·3
	Total	83·0	249·5	238·8	179·7	116·1	53·3	15·7
1977	Rural	99·2	253·4	243·7	180·9	113·5	55·0	18·8
	Urban	47·8	207·2	194·7	117·8	62·6	37·5	9·3
	Total	85·6	242·5	232·5	167·5	103·6	51·5	17·0
1978	Rural	96·2	259·8	243·3	183·5	107·4	50·4	18·0
	Urban	61·2	212·9	190·5	118·5	62·9	22·5	6·8
	Total	89·1	249·1	231·5	169·9	98·9	45·2	15·9
1979	Rural	103·2	253·2	240·9	169·0	106·0	44·2	22·3
	Urban	63·5	211·9	194·4	119·6	61·9	26·1	12·7
	Total	95·2	243·8	230·4	158·7	97·4	40·8	20·4
1980	Rural	94·2	256·4	238·8	176·4	106·5	49·9	21·7
	Urban	64·1	210·5	190·2	113·7	59·0	23·0	13·9
	Total	88·2	246·1	227·6	163·1	97·1	44·8	20·2
1981	Rural	98·2	261·3	244·9	180·4	112·6	48·4	22·0
	Urban	58·1	195·0	187·0	117·3	60·1	24·5	9·1
	Total	90·4	246·9	232·1	167·7	102·5	44·0	19·6
1982	Rural	96·4	258·2	245·5	180·0	112·4	53·9	25·8
	Urban	62·7	207·6	193·0	117·9	62·3	26·3	12·0
	Total	88·9	245·9	232·2	165·5	101·0	48·1	23·0
1983	Rural	97·6	266·0	245·9	176·6	107·2	54·5	27·0
	Urban	62·7	220·5	187·7	116·4	57·3	25·0	10·2
	Total	89·4	254·7	231·1	162·9	95·9	48·3	23·6

Age specific fertility rate : Number of live births in a specific age group of women per 1,000 female population of that age group in a given year

Source : Office of the Registrar General, India, Ministry of Home Affairs, Government of India, New Delhi

India. Ministry of Welfare. Handbook on Social Welfare Statistics. New Delhi, 1986. p. 19.

TABLE 3.5

Age-specific fertility rates,
India & major states, 1983

India/States	15-19	20-24	25-29	30-34	35-39	40-44	45-49
INDIA	89.4	254.7	231.1	162.9	95.9	48.3	23.6
Andhra Pradesh	128.0	251.3	185.8	113.7	62.5	27.7	13.4
Assam	95.4	217.3	219.1	162.8	94.2	41.5	7.8
Bihar	102.1	259.3	251.0	217.8	138.7	80.9	51.6
Gujarat	44.8	298.3	245.8	144.7	65.6	30.2	8.9
Haryana	72.8	291.7	261.6	165.5	89.0	50.9	20.2
Himachal Pradesh	63.6	272.7	247.8	142.9	56.1	26.7	5.6
Jammu & Kashmir	44.0	235.3	243.6	190.1	124.2	59.8	20.0
Karnataka	77.0	218.4	191.5	128.4	73.3	32.8	16.4
Kerala	39.4	179.6	172.0	89.6	41.0	14.5	3.3
Madhya Pradesh	142.9	299.3	259.0	169.8	104.1	45.7	19.4
Maharashtra	89.0	258.6	204.5	118.9	60.5	22.0	9.0
Orissa	90.3	264.4	246.6	153.8	86.7	38.0	16.2
Punjab	26.5	249.4	255.5	155.8	69.6	25.0	10.3
Rajasthan	104.5	294.9	291.3	212.9	146.3	81.1	44.1
Tamil Nadu	66.1	216.4	194.3	112.3	50.4	18.3	5.0
Uttar Pradesh	91.1	275.4	285.7	226.7	154.5	87.3	48.6
West Bengal	93.8	237.6	201.2	148.6	83.5	43.8	18.0

Source: India. Ministry of Home Affairs. Office of the Registrar General. Vital Statistics Division. Sample Registration System 1983. New Delhi 1986. p.26.

TABLE 2.6

Total fertility rates by rural/urban, India and major states, 1983

India/States	Rural	Urban	Total
INDIA	4.9	3.4	4.5
Andhra Pradesh	4.1	3.2	3.9
Assam	4.3	2.6	4.2
Bihar	5.6	4.5	5.5
Gujarat	4.5	3.6	4.2
Haryana	5.2	3.6	4.8
Himachal Pradesh	4.2	2.5	4.1
Jammu & Kashmir	5.0	3.1	4.6
Karnataka	4.0	3.0	3.7
Kerala	2.8	2.5	2.6
Madhya Pradesh	5.5	4.0	5.2
Maharashtra	4.2	3.1	3.7
Orissa	4.6	3.7	4.5
Punjab	4.2	3.4	4.0
Rajasthan	6.2	4.6	5.9
Tamil Nadu	3.6	2.8	3.3
Uttar Pradesh	6.1	4.6	5.8
West Bengal	4.8	2.6	4.1

Source: India. Ministry of Home Affairs. Office of the Registrar General. Vital Statistics Division. Sample Registration System 1983. New Delhi 1986. p.28.

TABLE 2.7

General fertility rates by rural/ urban, India and major states, 1983

India/States	Rural	Urban	Total
INDIA	152.2	114.6	143.5
Andhra Pradesh	131.6	111.8	127.2
Assam	141.6	92.2	137.5
Bihar	170.7	140.0	167.9
Gujarat	146.2	126.8	140.0
Haryana	170.0	125.0	158.9
Himachal Pradesh	136.6	90.2	133.8
Jammu & Kashmir	150.8	99.3	138.4
Karnataka	126.9	102.8	120.1
Kerala	92.8	88.2	91.9
Madhya Pradesh	173.8	133.3	165.9
Maharashtra	131.4	108.3	123.3
Orissa	141.9	128.1	140.6
Punjab	129.8	120.0	128.2
Rajasthan	192.4	147.6	183.1
Tamil Nadu	112.5	97.1	107.2
Uttar Pradesh	185.3	143.7	177.4
West Bengal	155.2	87.2	135.4

Source: India. Ministry of Home Affairs. Office of the Registrar General. Vital Statistics Division. Sample Registration System,1983. New Delhi 1986. p.23.

TABLE

Selected fertility indices (SRS) by socio-economic characteristics in India, 1978

Sl. No.	Socio-economic characteristic	Area	Fertility indices					
			Crude birth rate	General fertility rate	General marital fertility rate	Total fertility rate	Total marital fertility rate	Gross reproductio rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	**Religion**							
	(i) Hindu	Rural	32.6	134.5	169.0	4.48	5.37	2.18
		Urban	25.6	104.1	137.0	2.97	4.37	1.44
	(ii) Muslim	Rural	34.9	148.3	187.7	5.01	5.98	2.43
		Urban	30.6	122.9	176.6	3.98	5.53	1.93
	(iii) Christian	Rural	25.7	99.0	153.5	3.34	5.07	1.62
		Urban	22.3	73.4	121.4	2.31	4.54	1.12
	(iv) Sikh	Rural	29.6	120.7	180.5	3.97	5.66	1.93
		Urban	27.0	98.9	150.5	3.03	5.07	1.47
2	**Scheduled castes/tribes**							
	(i) Scheduled caste	Rural	34.6	143.3	174.9	4.78	5.56	2.32
		Urban	31.8	122.2	163.1	3.88	5.03	1.86
	(ii) Scheduled tribe	Rural	31.0	121.7	162.5	4.07	5.25	1.98
		Urban	29.9	111.3	154.9	3.62	4.97	1.73
	(iii) Non Scheduled caste/ tribe	Rural	32.5	134.0	170.2	4.48	5.40	2.18
		Urban	26.5	97.5	141.3	3.04	4.53	1.46
3	**Educational level of women**							
	(i) Illiterate	Rural	..	140.4	167.7	4.74	5.48	..
		Urban	..	117.2	144.5	4.00	4.93	..
	(ii) Literate but below primary	Rural	..	122.3	175.9	3.85	4.98	..
		Urban	..	106.7	139.1	3.27	4.46	..
	(iii) Primary and above but below matric	Rural	..	99.2	198.0	3.61	4.90	..
		Urban	..	84.6	146.0	2.61	4.23	..
	(iv) Matric and above	Rural	..	81.3	186.4	2.48	4.67	..
		Urban	..	75.4	144.1	1.88	4.01	..
	(v) All literates	Rural	..	111.1	182.7	3.56	4.96	..
		Urban	..	88.9	142.8	2.58	4.27	..
4	**Occupation of women**							
	(i) All workers	Rural	..	112.6	148.5	3.85	4.91	..
		Urban	..	62.8	103.7	2.25	4.11	..

-contd

No.	Socio-economic characteristic	Area	Fertility indices					
			Crude birth rate	General fertility rate	General marital fertility rate	Total fertility rate	Total marital fertility rate	Gross reproduction rate
1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	(ii) Non-workers	Rural	..	143.3	178.7	4.76	5.61	..
		Urban	..	102.3	144.4	3.24	4.65	..
	Age at effective marriage of women (in years)							
	(i) Below 18	Rural	..	..	168.5	..	5.41	..
		Urban	..	..	137.2	..	4.61	..
	(ii) 18-20	Rural	..	..	173.1	..	5.03	..
		Urban	..	..	152.6	..	4.06	..
	(iii) 21-23	Rural	..	..	177.9	..	4.67	..
		Urban	..	..	157.9	..	3.53	..
	(iv) 24 and over	Rural	..	..	172.3	..	4.12	..
		Urban	..	..	126.7	..	2.52	..
	Per capita monthly expenditure (in Rs.)							
	(i) 50 and below	Rural	36.6	..	190.8	..	6.05	..
		Urban	33.9	..	183.0	..	5.72	..
	(ii) 51-100	Rural	29.3	..	150.6	..	4.78	..
		Urban	27.4	..	147.2	..	4.62	..
	(iii) 101 and above	Rural	19.9	..	106.9	..	3.49	..
		Urban	18.3	..	87.9	..	2.97	..

ce : *Levels, Trends and Differentials in Fertility.1979*, pp. 6–8

India. Ministry of Welfare. Child in India: A Statistical Profile. New Delhi, 1985. p. 122.

TABLE 2.9

Classification of States by percent live births having third and below birth order, 1972 and 1978

% live births having third order and below	Rural		Urban	
	1972	1978	1972	1978
(1)	(2)	(3)	(4)	(5)
Below 50	Assam, Haryana, Madhya Pradesh, Rajasthan, Uttar Pradesh	–	Uttar Pradesh	–
50–55	Gujarat, Jammu and Kashmir, Karnataka, Maharashtra, Orissa, Punjab	–	Haryana, Karnataka, Madhya Pradesh, Orissa, Punjab, Rajasthan	–
55–60	Andhra Pradesh, Bihar, Himachal Pradesh, Kerala, Tamil Nadu	Jammu and Kashmir, Madhya Pradesh, North-Eastern Region, Rajasthan, Uttar Pradesh	Andhra Pradesh, Bihar, Gujarat, Jammu and Kashmir, Kerala, Maharashtra	Bihar, Orissa, Uttar Pradesh
60–65	–	Assam, Bihar, Gujarat, Haryana, Karnataka, Orissa, West Bengal	Assam, Tamil Nadu	Gujarat, Madhya Pradesh
65 and more	–	Andhra Pradesh, Himachal Pradesh, Kerala, Maharashtra, Punjab, Tamil Nadu	Himachal Pradesh	Andhra Pradesh, Assam, Haryana, Himachal Pradesh, Jammu and Kashmir, Karnataka, Kerala, Maharashtra, North-Eastern Region, Punjab, Rajasthan, Tamil Nadu, West Bengal

Source : *Levels, Trends and Differentials in Fertility, 1979*, p. 6

India. Ministry of Welfare. Child in India, a Statistical Profile. New Delhi, 1985. p. 120.

TABLE 2.10

Gross reproduction rates by rural/ urban; India and major states, 1983

India/States	Rural	Urban	Total
INDIA	2.3	1.6	2.1
Andhra Pradesh	2.0	1.5	1.9
Assam	2.1	1.3	2.0
Bihar	2.6	2.2	2.5
Gujarat	2.1	1.7	2.0
Haryana	2.3	1.6	2.2
Himachal Pradesh	2.0	1.2	2.0
Jammu & Kashmir	2.3	1.5	2.1
Karnataka	1.9	1.4	1.8
Kerala	1.3	1.2	1.2
Madhya Pradesh	2.6	1.9	2.5
Maharashtra	2.0	1.5	1.8
Orissa	2.2	1.8	2.2
Punjab	2.0	1.7	1.9
Rajasthan	2.9	2.1	2.8
Tamil Nadu	1.7	1.4	1.6
Uttar Pradesh	2.8	2.1	2.7
West Bengal	2.3	1.3	2.0

Source: India. Ministry of Home Affairs. Office of the Registrar General. Vital Statistics Division. Sample Registration System 1983. New Delhi 1986. p. 31.

TABLE 2.11

Percentage of deaths by age and sex among major cause groups in rural areas in India in 1983

Sl. No.	Major cause-group	Sex	Percentage of deaths by age-groups (in years)								
			Below 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55+	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Accidents and injuries	Persons	2·6	6·2	15·5	21·3	17·7	12·3	7·5	16·9	100·0
		Males	1·8	5·7	16·2	20·4	17·5	13·0	8·9	16·5	100·0
		Females	3·9	7·0	14·3	22·8	18·0	11·2	5·1	17·7	100·0
2	Child birth and pregnancy (maternal deaths)	Females	—	—	—	46·1	32·1	18·9	2·9	—	100·0
3	Fevers	Persons	12·[illegible]	[illegible]	[illegible]	5·[illegible]	[illegible]	6·0	7·6	33·0	100·0
		Males	13·3	[illegible]	9·7	4·[illegible]	6·6	6·9	8·6	34·6	100·0
		Females	10·7	19·0	13·1	6·8	7·6	5·0	6·5	31·3	100·0
4	Digestive disorders	Persons	6·0	25·3	9·8	7·3	6·6	8·1	8·7	28·2	100·0
		Males	6·3	20·8	9·4	6·9	5·4	8·5	10·9	31·8	100·0
		Females	5·6	30·2	10·3	7·8	8·0	7·6	6·3	24·2	100·0
5	Coughs (disorders of respiratory system)	Persons	12·5	9·4	3·8	3·3	6·6	8·2	10·6	45·6	100·0
		Males	11·2	7·6	3·0	2·6	5·6	8·9	12·3	48·8	100·0
		Females	14·5	12·1	4·9	4·5	8·1	7·1	8·0	40·8	100·0
6	Disorders of the central nervous system	Persons	11·7	8·3	5·8	5·6	3·8	7·0	7·9	49·9	100·0
		Males	9·6	5·5	4·5	4·3	3·3	6·4	10·5	55·9	100·0
		Females	14·2	11·6	7·4	7·1	4·3	7·7	6·8	42·9	100·0
7	Diseases of circulatory system	Persons	2·4	7·2	3·4	4·4	5·3	10·6	15·1	51·6	100·0
		Males	1·9	4·9	2·7	4·0	4·3	11·4	18·2	52·6	100·0
		Females	3·0	10·5	4·2	5·0	6·7	9·6	10·9	50·1	100·0
8	Other clear symptoms	Persons	8·9	11·1	6·8	5·4	8·2	11·9	13·5	34·2	100·0
		Males	9·4	9·0	5·9	5·6	7·1	10·9	13·1	39·0	100·0
		Females	8·2	13·9	7·9	5·1	9·6	13·1	14·0	28·2	100·0
9	Causes peculiar to infancy	Persons	100·0	—	—	—	—	—	—	—	100·0
		Males	100·0	—	—	—	—	—	—	—	100·0
		Females	100·0	—	—	—	—	—	—	—	100·0
10	Senility	Persons	—	—	—	—	—	—	—	100·0	100·0
		Males	—	—	—	—	—	—	—	100·0	100·0
		Females	—	—	—	—	—	—	—	100·0	100·0
11	The rest	Persons	9·8	23·5	9·8	9·8	11·8	13·7	15·7	5·9	100·0
		Males	—	30·5	13·0	4·4	17·4	8·7	13·0	13·0	100·0
		Females	17·9	17·9	7·1	14·3	7·1	17·9	17·8	—	100·0
	All causes	Persons	16·8	7·8	4·6	4·6	5·2	6·0	6·8	48·2	100·0
		Males	16·5	6·5	4·2	3·8	4·5	6·3	8·0	50·2	100·0
		Females	17·2	9·4	5·0	5·6	6·1	5·6	5·2	45·9	100·0

Source : *Survey of Causes of Death (Rural), Annual Report 1983, Series-3, No. 16,* Office of the Registrar General, India, Ministry of Home Affairs, Government of India New Delhi, 1985, pp. 6-7 (Appendix)

TABLE 2.12

Percentage of deaths due to causes related to child birth and pregnancy (maternal mortality) by age groups in rural areas in India from 1978 to 1983

Sl. No.	Cause	Percentage of deaths by age groups (in years) during															
		1978			1979			1980					1981				
		15-34	35-54	Total	15-34	35-54	Total	15-24	25-34	35-44	45-54	Total	15-24	25-34	35-44	45-54	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1	Abortion	10·8	11·4	11·0	10·6	15·4	11·7	13·7	8·1	21·2	—	12·5	12·3	15·5	12·5	—	13·7
2	Toxaemina	22·5	17·2	21·2	18·4	7·7	16·1	12·5	11·6	15·2	—	12·4	10·5	8·3	3·1	—	8·0
3	Anaemia	15·7	11·4	14·6	11·4	28·2	15·0	13·6	17·5	12·1	100·0	15·8	19·3	15·5	18·8	50·0	17·7
4	Bleeding of pregnancy and puerperium	19·6	14·3	18·2	19·9	20·5	20·0	13·6	23·3	3·0	—	15·8	17·5	28·6	18·7	50·0	23·4
5	Malposition of child leading to death of mother	5·9	20·0	9·5	12·8	2·6	10·5	12·5	11·6	21·2	—	13·4	5·3	11·9	9·4	—	9·1
6	Puerperal sepsis	13.7	8.6	12.4	9.2	20.5	11.7	15.9	8.1	15.2	—	12.4	22.8	5.9	15.6	—	13.2
7	Not classifiable	11·8	17·1	13·1	17·7	5·1	15·0	18·2	19·8	12·1	—	17·7	22·3	14·3	21·9	—	14.9
	Total	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0

Sl. No.	Cause	Percentage of deaths by age, groups (in years) during										
		1982						1983				
		5-14	15-24	25-34	35-44	45-54	Total	15-24	25-34	35-44	45-54	Total
(1)	(2)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
1	Abortion	—	7·2	10·0	17·1	—	10·1	8·4	12·1	15·4	—	10·7
2	Toxaemina	—	23·2	8·6	2·9	16·7	12·5	13·7	10·6	12·8	—	12·1
3	Anaemia	100·0	19·7	22·8	34·3	16·6	24·4	20·0	16·7	20·5	16·7	18·9
4	Bleeding of pregnancy and puerperium	—	21·4	31·4	17·1	66·7	26·2	26·3	22·7	17·9	33·3	23·8
5	Malposition of child leading to death of mother	—	7·1	10·0	2·9	—	7·2	11·6	7·6	2.6	—	8·3
6	Puerperal sepsis	—	8·9	8·6	8·6	—	8·3	9·5	16·7	10·3	—	11·6
7	Not classifiable	—	12·5	8·6	17·1	—	11·3	10·5	13·6	20·5	50·0	14·6
	Total	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0

Maternal mortality : Maternal deaths by causes related to child birth and pregnancy

Source : (i) *Causes of Death 1978, A Survey, Series 3, No. 11*, Office of the Registrar General, India, Ministry of Home Affairs, Government of India, New Delhi, 1981,p. 59

(ii) *Survey of Causes of Death (Rural) 1979—A Report, Series-3, No. 12*, Office of the Registrar General, India, Ministry of Home Affairs, Government of India, New Delhi, 1984, p. 59

(iii) *Survey of Causes of Death (Rural) 1980—A Report, Series-3, No. 13*, Office of the Registrar General, India, Ministry of Home Affairs, Government of India, New Delhi, 1982, p. 23 (Appendix)

(iv) *Survey of Causes of Death (Rural) 1981—A Report, Series-3, No. 14*, Office of the Registrar General, India, Ministry of Home Affairs, Government of India, New Delhi, 1983, p. 23 (Appendix)

(v) *Survey of Causes of Death (Rural) 1982—A Report, Series-3, No. 15*, Office of the Registrar General, India, Ministry of Home Affairs, Government of India, New Delhi, 1984, p. 23 (Appendix)

(vi) *Survey of causes of Death (Rural) Annual Report 1983 Series-3, No. 16*, Office of the Registrar General, India, Ministry of Home Affairs, Government of India, New Delhi, 1985, p. 23 (Appendix)

3. Health and Family Welfare

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TABLE 3.1

Number of doctors by sex and qualification registered with State Medical Councils in India from 1978 to 1984

Year	Number of registered practitioners possessing recognised medical qualifications under Indian Medical Council Act, 1956					
	Graduates		Licentiates		Total	
	Males	Females	Males	Females	Males	Females
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1978	1,54,352	42,079	34,439	2,930	1,88,791	45,009
1979	1,48,948	40,561	32,639	2,737	1,81,587	43,298
1980	1,71,672	46,106	34,421	2,942	2,06,093	49,048
1981	1,81,661	48,824	34,425	3,150	2,16,086	51,974
1982	1,86,695	49,309	32,795	2,799	2,19,490	52,108
1983	1,96,286	52,370	32,811	2,798	2,29,097	55,168
1984	2,04,857	55,382	32,796	2,794	2,37,653	58,176

Note : Refers to position on 31st December of respective year

Source : Medical Council of India, New Delhi

India. Ministry of Welfare. Handbook of on Social Welfare Statistics. New Delhi, 1986. P. 31.

TABLE 3.2

Number of qualified nurses, midwives, auxiliary nurse, midwives and health visitors registered with State Nursing Councils in India from 1978 to 1984

Year	Number of							
	Nurses				Midwives		Auxiliary nurses mid-wives	Health visitors
	Senior 'A' Grade		Junior 'B' Grade		Senior or 'A' Grade	Junior/ Assistant or 'B' Grade		
	Males	Females	Males	Females				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1978	5,718	1,15,023	285	6,394	1,14,459	10,673	60,085	8,331
1979	5,359	1,27,287	285	6,394	1,24,066	10,707	66,158	8,976
1980	5,510	1,34,003	285	6,403	1,31.229	10,766	71,434	9,286
1981	5,686	1,41,199	285	7,060	1,37,431	11,264	73,412	9,486
1982	5,831	1,42,983	309	7,319	1,49,241	11,500	81,796	10,958
1983	5,935	1,50,835	309	7,322	1,51,893	12,034	86,630	11,421
1984	6,168	1,56.874	506	7,322	1,56,457	12.036	89,952	11,455

Note : Refers to position on 31st December of respective year

Source : Indian Nursing Council, New Delhi

India. Ministry of Welfare. Handbook on Social Welfare Statistics. New Delhi, 1986. p. 32.

TABLE 3.3

Number of dais and village health guides trained in India from 1977-78 to 1984-85

Year	No. of dais trained	Village health guides training programme	
		No. of PHCs sanctioned	No. of village health guides trained
(1)	(2)	(3)	(4)
1977-78	69,181	735	49,172
1978-79	83,892	973	69,107
1979-80	79,192	621	25,338
1980-81	70,585	—	24,713
1981-82	68,935	551	45,583
1982-83	45,087	593	63,205
1983-84	48,270	581	69,874
1984-85	19,408	175	32,218

Note : The village health guides training programme, which was previously known as community health volunteers programme was launched on 2 October 1977. Under this training programme the village health guides are imparted three months training programme to provide preventive and promotive health care facilities alongwith treatment of minor ailments in every village. Each village with a population of 1,000 is proposed to be covered by a trained village health guide

P.H.C : Primary Health Centre

•Provisional

ces : (i) *Health Statistics of India 1985*, Central Bureau of Health Intelligence, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, New Delhi, 1985, pp. 115-116 & 124-125

(ii) Department of Family Welfare, Ministry of Health & Family Welfare, Government of India, New Delhi

TABLE 3.4

MCH beneficiaries

(Figures in Millions

Year	Women	Children	Total
1	2	3	4
1975-76	5·15	11·69	16·84
1976-77	5·43	16·79	22.22
1977-78	11·89	31·53	43·42
1978-79	13·76	37·04	50·80
1979-80	16·19	44.72	60·91
1980-81	16·37	47·01@	63·38
1981-82	19·15	56.47@	75·62
1982-83	23·61	63·60@	87·218
1983-84*	25·37	73·16@	98·57

*Figures are provisional

@Includes Polio and Typhoid

- Nil

Source : India. Ministry of Health and Family Welfare. Department of Family Welfare. Family Welfare Programme in India, Year book 1983-84. New Delhi, 1984. p. 129.

TABLE 3.5

Year-wise achievements of targets of MCH activities- all India (since 1975-76)

(Figures in millions)

Year	Tetanus Immunisation for Expectant Mothers			D.P.T. Immunisation for Children			D.T. Immunisation for Children		
	Target	No. Immunised	% Achvt. of Target	Target	No. Immunised	% Achvt. of Target	Target	No. Immunised	% Achvt. of Target
1	2	3	4	5	6	7	8	9	10
1975-76	3.02	1·45	46·3	5·03	2.41	47·0	5·73	1·28	22·0
1976-77	5·00	2·14	42·0	10·00	4.02	39·6	5·00	2·72	54·2
1977-78	6·94	3·51	50·7	10·90	7·81	71·6	6·96	6·54	94·0
1978-79	5·00	3·72	74·5	8·94	6·80	76·2	7·93	7·21	91·1
1979-80	6·00	4·75	79·4	12·00	6·88	57·6	10·00	10·84	108·7
1980-81	6·84	5.28	77·3	13.55	7·15	52·8	11·37	10·23	90·1
1981-82	7·96	7·11	89·5	15.97	9·23	57·9	12·57	10·81	86·1
1982-83	9·00	7·64	84·9	13·97	10·34	74·0	12·50	10·25	82·0
1983-84*	11·50	8·19	71·3	14.50	11·13	76·7	13·00	10·53	81·0

*Figures are provisional

TABLE 3.5 (contd.) (Figures in millions)

Year	Prophylaxis against Nutritional anaemia among Mothers				Prophylaxis against Nutritional anaemia among Children			Prophylaxis against Blindness due to Vit. 'A' deficiency		
	Target	No. of beneficiaries		% Achvt.	Target of Target	No. of beneficiaries	% Achvt. of target	Target	No. of beneficiaries	% Achvt. of target
		Total Women	Expt. & Nursing Mothers							
1	11	12	13	14	15	16	17	18	19	20
1975-76	2·00	..	3·70	185·0	2·00	3·52	175·8	8·75	4·48	51·2
1976-77	4·00	..	3·29	82·3	4·00	3·05	76·4	12·00	7·00	58·3
1977-78	6·00	8·38	5·50	141·0	6·00	6·85	115·1	23·70	10·33	43·6
1978-79	10·00	10·04	6·41	100·5	10·00	9·08	90·9	24·67	13·95	56·7
1979-80	11·00	11·44	6·25	104·3	11·00	9·94	90·6	24·66	17·06	69·3
1980-81	11·91	11·09	6·24	101·0	11·91	9·56	87·1	24·20	16·64	68·8
1981-82	11·88	12·04	6·38	101·9	11·88	12·21	103·3	24·66	18·66	75·7
1982-83	12·00	15·97	6·75	133·1	12·00	14·35	119·6	25·00	19·09	76·7
1983-84*	12·00	17·18	8·32	144·4	12·00	16·03	134·7	25·00	16·94	67·8

*Figures are provisional

Source: India. Ministry of Health and Family Welfare. Department of Family Welfare. Family Welfare Programme in India., Yearbook 1983-84. New Delhi, 1984. p.128.

Table 3.8

Methodwise distribution of family welfare acceptors during 1982-83 and 1983-84 (provisional figures) and since inception under post Natrum programme.

Family Welfare Method	1981-82		1982-83		1983-84 (Provisional)		since inception	
	No. of Acceptors	%	No. of Acceptors	%	No. of Acceptors	%	No. of Acceptors	%
Tubectomy	333,895	59·5	472,746	63·9	507,729	64·1	3,171,090	57·8
Vasectomy	37,291	6·6	42,784	5·8	45,176	5·7	663,460	12·1
I.U.D.	133,593	23·8	159,901	21·6	171,893	21·7	1,063,900	19·4
Oral Pills	5,191	0·9	7,165	1·0	7,553	0·9	48,378	0·9
C.C. Users	51,657	9·2	56,604	7·7	59,978	7·6	541,606	9·8
Total:	561,627	100·0	739,209	100·0	792,329	100·0	5,488,434	100·0

Source: Ministry of Health and Family Welfare. Department of Family Welfare. Family Welfare Programme in India, Yearbook 1983-84. New Delhi, 1984. p. 248.

TABLE 3.9

Year wise medical termination of pregnancies performed since incention of the programme- All India

Year	No. of Institutions approved for M. T. P. work	No. Of Terminations done
1	2	3
April 1972 to March 1976	1,877	381,111
1976-77	2,149	278,870
1977-78	2,746	247,049
1978-79	2,765	317,732
1979-80	2,942	360,838
1980-81	3,294	388,405
1981-82	3,908	433,527
1982-83	4,170	516,142
1983-84*	4,553	518,608
Cumulative total since inception of the programme upto March, 1984*		3,442,282

*Figures provisional

Source: India. Ministry of Health and Family Welfare. Department of Family Welfare. Family Welfare Programme in India, Yearbook 1983-84. New Delhi, 1984. p. 139.

TABLE [illegible]

Sex wise break-up of sterilisations performed since 1956)

Year	Number of Sterilisations			Percentage of tube-tomies to total
	Vasectomy	Tubectomy	Total	
1	2	3	4	5
1956	2,395	4,758	7,153	66.5
1957	4,152	9,584	13,736	69.8
1958	9,189	15,959	25,148	63.5
1959	17,633	24,669	42,302	58.3
1960	37,596	26,742	64,338	41.6
1961	63,880	40,705	104,585	38.9
1962	112,357	45,590	157,947	28.9
1963	114,621	55,625	170,246	32.7
1964	201,171	68,394	269,565	25.4
1965 January to March 1966	576,609	94,214	670,823	14.0
1966—67	785,378	101,990	887,368	11.5
1967—68	1,648,152	191,659	1,839,811	10.4
1968—69	1,333,053	281,764	1,614,817	16.9
1969—70	1,055,860	366,258	1,422,118	25.8
1970—71	878,800	451,114	1,329,914	33.9
1971—72	1,620,076	567,260	2,187,336	25.9
1972—73	2,613,263	508,593	3,121,856	16.3
1973—74	403,107	539,295	942,402	57.2
1974—75	611,960	741,899	1,353,859	54.7
1975—76	1,438,337	1,230,417	2,668,754	46.1
1976—77	6,199,158	2,062,015	8,261,173	25.0
1977—78	187,609	761,160	948,769	80.2
1978—79	390,922	1,092,985	1,483,907	73.7
1979—80	472,687	1,305,237	1,777,924	73.4
1980—81	438,909	1,613,861	2,052,770	78.6
1981—82	573,469	2,218,905	2,792,374	79.5
1982—83	585,489	3,397,700	3,983,189	85.3
1983—84*	661,047	3,870,626	4,531,673	85.4
Cumulative since inception	23,086,879	21,688,978	44,775,857	48.4

*Provisional

Source: India. Ministry of Health and Family Welfare. Department of Family Welfare. Family Welfare Programme in India, Yearbook 1983-84. New Delhi, 1984. p. 110.

Number of birth averted since 1956

Year	Births averted (in millions) due to				
	Sterilisation	I.U.D.	C.C.Users	Total	Cumulative Total
1	2	3	4	5	6
1956—1961	0.0335	–	—	0·0335	0.0335
1962	0.0549	—	—	0·0549	0.0884
1963	0.0859	–	0·0086	0·0945	0.1829
1964	0.1192	—	0·0386	0·1578	0.3407
1965—66*	0.1788	0·0243	0·0551	0·2582	0.5989
1966—67	0·3164	0·1713	0·0641	0.5518	1.1507
1967—68	0·5095	0·2804	0·0543	0.8442	1.9949
1968—69	0·8661	0·3231	0·0692	1.2584	3.2533
1969—70	1.1586	0·3301	0·1274	1.6161	4·8694
1970—71	1.3995	0·3295	0·1882	1.9172	6.7865
1971—72	1.5847	0.3177	0.2391	2.1415	8.9281
1972—73	1.9573	0.3001	0.2743	2.5317	11.4598
1973-74	2.4366	0.2600	0.2959	2.9925	14.4523
1974-75	2·4627	0.2322	0.3350	3.0299	17.4822
1975—76	2.5838	0.2240	0.3216	3.1294	20.6116
1976—77	3.0676	0·2413	0.4139	3.7228	24.3344
1977—78	4.4013	0·2311	0.4176	5.0500	29.3844
1978—79	4.3290	0·2064	0.3927	4.9281	34·3125
1979—80	4·2857	0·2227	0.4003	4.9087	39.2212
1980—81	4.3003	0·2454	0.3872	4.9329	44.1541
1981—82	4.3690	0.2619	0.4750	5.1059	49.2600
1982—83	4.5867	0.2992	0.5850	5.4709	54.7309
1983—84*	5.0126	0.3995	0.7877	6.1998	60.9307
Total	50.0997	4.9002	5.9308	60.9307	

Notes * Provisional

— Nil

\$ Relates to the period from January, 1965 to March, 1966 (15 months).

Source: India. Ministry of Health and Family Welfare. Department of Family Welfare. Family Welfare Programme in India, 1983-84. New Delhi, 1984. p. 152.

4. Literacy and Education

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TABLE 4.1

Progress of literacy in India from 1901 to 1981

Census year	Percentage of literates to total population		
	Males	Females	Persons
(1)	(2)	(3)	(4)
1901*	9·83	0·69	5·35
1911*	10·56	1·05	5·92
1921*	12·21	1·81	7·16
1931*	15·59	2·93	9·50
1941*	24·90	7·30	16·10
1951**	24·95	7·93	16·67
1961	34·44	12·95	24·02
1971	39·45	18·72	29·46
1981***	46·89	24·82	36·23

Note : Literates refer to those who can read and write with understanding. Children in the age group of 0—4 years are treated as illiterates

*For undivided India

**Excludes Jammu and Kashmir

***Excludes Assam

Source : (i) 1941 data from : *Census of India 1981, Series-1, India, Paper-1 of 1981, Provisional Population Totals*, Registrar General & Census Commissioner of India, New Delhi, 1981, p. 43

(ii) *Census of India 1981, Series-1, India, Paper-2 of 1983, Key Population Statistics Based on 5 Per Cent Sample Data*, Registrar General & Census Commissioner of India, New Delhi, 1983, p. 15

TABLE 4.2

Literacy rates by age and sex in India (rural, urban, total) in 1971 and 1981

Age group (in years)	Area	Literacy rate					
		1971			1981		
		Males	Females	Persons	Males	Females	Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
5—9	Rural	22·76	13·54	18·29	30·09	19·63	25·03
	Urban	47·09	42·62	44·93	53·35	48·36	50·93
	Total	27·27	18·90	23·21	35·05	25·79	30·56
10—14	Rural	54·89	29·83	43·16	62·42	36·44	50·16
	Urban	80·85	70·97	76·18	82·35	73·39	78·09
	Total	60·06	38·16	49·79	66·90	44·85	56·59
15—19	Rural	57·41	28·31	43.67	60·36	33·66	43·67
	Urban	82·75	69·42	76·68	82·15	70·40	76·68
	Total	63·48	37·66	51·39	66·12	43·28	51·39
20—24	Rural	53·17	20·03	36·10	59·53	27·16	43·11
	Urban	81·19	58·89	71·09	82·93	65·16	74·71
	Total	60·70	28·69	44·70	66·54	37·18	52·02
25—34	Rural	42·74	12·47	27·29	53·06	19·64	36·25
	Urban	74·05	46·59	61·52	80·22	56·98	69·50
	Total	50·15	19·29	34·76	60·72	28·96	45·10
35 and above	Rural	31·23	6·47	19·40	37·96	8·62	23·17
	Urban	64·47	30·18	49·33	69·42	35·91	54·25
	Total	37·97	10·75	25·16	44·61	14·44	30·18
Total (all ages)	Rural	33·76	13·08	23·69	40·79	17·96	29·65
	Urban	61·24	42·05	52·37	65·83	47·82	57·40
	Total	39·52	18·70	29·48	46·89	24·82	36·23

Source : Census of India, 1981, Series-1, India, Part-II Special. Reports and Tables Based on 5 per cent Sample Data, Registrar General & Census Commissioner for India, New Delhi, 1983, p. 78 (Report).

TABLE 4·3

Literacy rates for aged above 5 and 10 years by sex in major States (rural, urban, total) in 1971 and 1981

Sl. No.	India/State	Area	Literacy rate for age 5 years and above						Literacy rate for age 10 years and above					
			1971			1981			1971			1981		
			Person	Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	India*	**Total**	**34·46**	**46·01**	**21·95**	**41·44**	**53·48**	**28·47**	**36·84**	**49·92**	**22·60**	**43·52**	**56·99**	**28·99**
		Rural	**27·81**	**39·52**	**15·40**	**34·04**	**46·74**	**20·65**	**29·88**	**43·18**	**15·81**	**35·84**	**50·08**	**20·86**
		Urban	**60·15**	**69·80**	**48·73**	**64·89**	**74·00**	**54·41**	**62·98**	**73·79**	**49·94**	**67·23**	**77·31**	**55·48**
1	Andhra Pradesh	Total	28·52	38·43	18·32	34·09	44·64	23·25	30·13	41·25	18·65	34·91	46·53	22·93
		Rural	22·30	31·68	12·72	26·49	36·74	16·07	23·72	34·20	12·99	26 99	38 15	15 56
		Urban	54·29	65.94	41.97	58·92	69.97	47·20	56·41	69·58	42·36	60·56	72·92	47·33
2	Bihar	Total	23·35	35·78	10.23	30.24	43·76	15·79	25.43	39.61	10·54	32.07	47.23	15·86
		Rural	20·13	32·37	7.50	26.01	39.61	11·80	22·07	36·05	7·77	27·69	42·97	11·77
		Urban	51·81	63·17	37·33	59·44	70·33	46·00	54·55	67·07	38·07	61·66	73·48	46·61
3	Gujarat	Total	41·84	53·78	29·00	49·90	62·05	36·95	45·09	58·82	30·37	51·70	65·26	37·30
		Rural	33·31	45·72	20·23	41·48	54·78	27·59	36·10	50·38	21·13	42·84	57·71	27·40
		Urban	63·23	73·33	51·81	68·34	77·49	58·15	67·00	78·59	53·82	70·68	80·84	59·33
4	Haryana	Total	31.91	44·02	17·78	41·67	55·36	25·80	34·42	48·14	18·41	43·43	58·57	25·81
		Rural	25·93	38·66	11·10	35·08	50·05	17·85	28·04	42·44	11·32	36·64	52·21	17·53
		Urban	58·90	67·98	48·14	64·98	74·04	54·40	67·20	83·40	49·73	66·67	76·53	54·80
5	Karnataka	Total	36·83	48·52	24·56	43·94	55·73	35·32	38·62	51·71	24·75	45·57	58·69	31·81
		Rural	29·48	41·49	17·09	35·57	48·19	22·65	30·96	44·18	17·04	36·77	50·79	22·35
		Urban	59·34	69·33	48·28	64·37	73·62	54·35	61·62	72·90	48·98	66·65	77·03	55·26
6	Kerala	Total	69·75	77·13	62·53	78·92	84·67	73·39	72·84	81·62	64·33	80·99	87·72	74·58
		Rural	68·54	76·06	61·22	77·62	83·59	71·89	71·65	80·62	63·00	79·67	86·69	73·01
		Urban	75·92	82·50	69·33	84·48	89·25	79·85	78·83	86·57	71·13	86·53	92·05	81·21
7	Madhya Pradesh	Total	26·37	38·77	13·08	32·25	45·54	18·03	28·95	43·17	13·61	34·70	49·65	18·59
		Rural	20·08	32·18	7·32	24·63	38·10	10·47	22·28	36·15	7·61	26·67	41·87	10.64
		Urban	58·13	70·37	43·78	61·72	73·11	48·64	61·88	75·89	45·16	64·85	77·47	50·11
8	Maharashtra	Total	45·77	59·40	31·00	53·60	66·72	39·57	48·69	64·07	31·83	55·22	69·89	39·45
		Rural	36·09	50·96	21·01	43·50	58·60	28·29	38·60	55·64	21·33	44·76	61·79	27·67
		Urban	66·56	75·82	54·98	72·15	80·46	62·22	69·44	79·57	56·38	73·94	83·10	62·79

Contd..../-

9 Orissa	Total	30·53	44·50	16·29	38·83	53·30	24·02	32·91	48·68	16·69	41·18	57·38	24·46
	Rural	28·09	42·04	14·10	35·71	50·41	20·96	30·44	46·20	14·51	37·96	54·46	21·32
	Urban	57·03	68·97	42·54	62·26	73·29	49·13	59·49	72·75	42·88	64·95	77·06	50·12
10 Punjab	Total	38·69	46·22	29·91	46·30	53·31	38·28	40·21	48.79	30·20	46·78	54·63	37·38
	Rural	32·02	39·79	22·99	39·88	47·38	31·36	33·18	42·00	22·92	40·03	48·37	30·59
	Urban	59·97	66·64	52·13	63·17	68·68	50·74	62·27	69·88	53·25	64·43	70·70	57·02
11 Rajasthan	Total	22·58	33·88	10·06	28·39	42·04	13·36	24·55	37·31	10·44	30·67	45·97	13·78
	Rural	16·44	27·04	4·80	21·02	34·49	6·41	18·01	29·91	4·99	22·88	37·93	6·56
	Urban	50·82	64·53	34·94	55·61	69·12	39·96	54·12	69·77	35·88	58·80	73·84	41·06
12 Tamil Nadu	Total	45·40	59·54	30·92	52·64	65·61	39·38	46·29	62·21	30·00	53·54	68·03	38·74
	Rural	37·03	52·06	21·87	43·57	57·86	29·11	37·73	54·57	20·76	43·80	59·68	27·82
	Urban	64·57	76·30	52·16	70·92	80·94	60·42	65·77	79·14	51·59	73·04	84·39	61·11
13 Uttar Pradesh	Total	25·44	36·69	12·46	31·38	44·56	16·32	27·45	40·16	12·83	33·59	48·42	16·68
	Rural	21·29	32·72	8·27	26·70	40·56	11·05	23·06	35·94	8·49	28·67	44·27	11·15
	Urban	50·53	59·73	39·07	52·55	62·55	60·99	53·76	64·08	40·60	55·37	66·12	42·24
14 West Bengal	Total	38·86	49·56	26·56	46·24	56·91	34·39	42·42	54·32	28·34	49·52	61·35	36·18
	Rural	30·61	42·25	18·05	37·83	46·98	25·31	33·79	47·05	19·15	41·00	54·33	26·65
	Urban	62·25	68·20	54·12	68·65	75·10	60·64	65·42	71·59	56·63	70·99	77·74	62·44

*Excludes Assam

Source : *Census of India, 1981, Series 1, India, Paper 2 of 1983, Key Population Statistics Based on 5 per cent Sample Data*, Registrar General & Census Commissioner, India New Delhi, 1983, pp. 17 -18

TABLE 4.4

Literacy rates among Scheduled Castes, Scheduled Tribes and rest of the population in India from 1961 to 1981

Year	Literacy rates					
	Scheduled castes population		Scheduled tribes population		Rest of the population	
	Total	Females	Total	Females	Total	Females
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1961	10·27	3·29	8·53	3·16	27·86	16·59
1971	14·67	6·44	11·30	4·85	33·80	17·11
1981	21·38	10·93	16·35	8·04	41·22	29·51

Source : *Seventh Five Year Plan 1985-90, Vol. II*, Planning Commission, Government of India, New Delhi, 1985, p. 330

TABLE 4.5

Percentage distribution of literates by sex and completed level of education in India in 1971 and 1981

Sl. No.	Educational level	Rural/ Urban/ Total	Males		Females	
			1971	1981	1971	1981
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Literate without educational level*	Rural	34·02	33·75	39·66	39·37
		Urban	25·32	21·00	32·53	25·91
		Total	31·19	29·38	36·55	33·42
2	Primary	Rural	38·97	38·26	43·92	37·47
		Urban	25·63	24·58	30.83	29·59
		Total	34·64	30·29	38·22	33·98
3	Middle	Rural	17·49	17·56	12·32	15·04
		Urban	21·18	23·79	19·79	18·98
		Total	18·69	17·98	15·58	16·78
4	Matriculation or higher secondary**	Rural	8·07	12·90	3·47	7·05
		Urban	21·69	25·66	13·70	19·31
		Total	12·50	17·27	7·93	12·43
5	Non-technical diploma or certificate not equal to degree	Rural	0.45	0.09	0.28	0.08
		Urban	0·09	0·08	0·13	0·12
		Total	0·33	0·09	0·21	0·09
6	Technical diploma or certificate not equal to degree	Rural	0·13	0·37	0·08	0·25
		Urban	0·56	0·94	0·27	0·34
		Total	0·27	0·57	0·16	0·29
7	Graduate and above	Rural	0·87	2·07	0·27	0·74
		Urban	5·53	8·95	2·75	5·75
		Total	2·38	4·42	1·35	2·96

Note : The data for 1971 have been adjusted to exclude that relating to Assam for comparability with census data which excludes Assam

*In 1981 figures for "Formal" and "Non-formal" have been clubbed together and include figures for educational levels not classifiable

**In 1981 figures for "Matriculation/Secondary" and "Higher Secondary/Inter Pre-University" have been clubbed together

Source : *Census of India 1981, Series-1, India, Paper-2 of 1983, Key Population Statistics Based on 5 Per Cent Sample Data*, Registrar General & Census Commissioner, India, New Delhi, 1983, pp. 2—24

TABLE 4.6

Number of institutions in India, 1982-83

Institution	Number
Universities	117
Institutions deemed as Universities	13
Research Institutions	30
Arts, Science and Commerce Colleges	3,757
Engineering & Technology Institution	156
Medical Colleges (M.B.B.S. only)	117
Teachers Training Colleges	540
Intermediate/Jr. Colleges	4,031
primary/Junior Basic Schools	5,09,143
Teachers Training Schools	914
polytechnic Institutions	422

Source: India. Ministry of Education. Planning, Monitoring and Statistics Division. Selected Educational Statistics 1983-84. New Delhi, 1985.

TABLE 4.7

Growth of enrolment by stages and sex in India from 1950-51 to 1989-90

(in '000)

Year	Enrolment in															
	Pre-primary classes		Primary classes (I to V)		Middle classes (VI to VIII)		High-higher secondary classes		P.U.C./ Intermediate		Graduate		Post-graduate		Doctorate	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1950-51	15	13	13,770 (60·6)	5,385 (24·8)	2,586 (20·6)	534 (4·6)	1,058	162	195	26	75	17	14	2	1·1	0·1
1955-56	45	31	17,528 (68·2)	7,639 (31·0)	4,983*	1,188*	*	*	342**	55**	126	25	21	4	2·2	0·4
1960-61	97	82	23,593 (82·6)	11,401 (41·4)	5,074 (33·2)	1,630 (11·3)	2,332 (16·7)	541 (4·1)	381	77	236	63	36	9	3·6	0·7
1965-66	140	122	32,178 (96·3)	18,293 (56·5)	7,686 (44·2)	2,846 (17·0)	3,870	1,172	491	133	456	170	53	19	5·4	1·4
1968-69	NA	NA	34,157	20,212	8,989	3,548	4,619	1,532	673	178	725	273	75	29	7·7	2·0
1973-74	Information not available															
1977-78	403	332	41,899 (97·4)	25,462 (62·6)	11,749 (48·6)	5,555 (24·4)	5,660 (25·2)	2,314 (11·0)	1,599	528	1,360	534	146	59	16·1	6·2
1980-81	501	417	44,576 (99·0)	28,112 (66·2)	13,278 (52·1)	6,568 (27·2)	6,650	2,842	1,365	424	1,362	525	198	94	18·8	6·6
1981-82	455	381	41,977 (99·4)	28,587 (67·0)	13,971 (54·2)	7,084 (29·1)	8,044	3,501	965	367	1,445	579	197	86	19·0	7·2
1982-83	563	458	47,276 (104·0)	29,763 (69·4)	14,689 (56·3)	7,524 (30·6)	8,143	3,675	1,631	574	1,482	638	193	88	17·4	7·5
1983-84	541	439	49,322 (110·3)	31,775 (75·5)	16,500 (62·7)	8,497 (34·4)	8,937	3,935	1,473	501	1,602	679	200	94	17·8	8·0
1984-85	NA	NA	51,205 (117·5)	34,172 (69·2)	17,462 (66·9)	9,267 (38·2)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1989-90	NA	NA	55,000	40,960	25,120	16,550	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Note : Figures for 1978-79 onwards are provisional and for 1989-90 relate to target

NA : Not available

*Figures of col. (8) are included in col. (6) and of col. (9) in col. (7)

**Includes 10+2 pattern

Source : (i) *Education in India, Vol. I, 1977-78*, Ministry of Education and Culture, Government of India, New Delhi, 1982, pp. 186-188

(ii) *Basic Statistics Relating to Indian Economy, 1950-51 to 1980-81*, Central Statistical Organisation, Department of Statistics, Ministry of Planning, Government of India, New Delhi, 1983, p. 82

(iii) *A Handbook of Educational and Allied Statistics*, Department of Education, Ministry of Education and Culture, Government of India, New Delhi, 1983, pp. 68-71, 94-95 & 210-211

(iv) *Statistical Abstract, India, 1982, New Series No. 26*, Central Statistical Organisation, Department of Statistics, Ministry of Planning, Government of India, New Delhi, 1984, pp. 506 & 509

(v) *Selected Educational Statistics 1979-80*, Planning, Monitoring and Statistics Division, Department of Education, Ministry of Education and Culture, Government of India, New Delhi, 1981, pp. 15 27

(iv) *Selected Educational Statistics 1980-81*, Planning , Monitoring and Statistics Division, Department of Education, Ministry of Education and Culture, Government of India, New Delhi, 1982, pp. 15—27

(vii) *Selected Educational Statistics 1981-82*, Planning, Monitoring and Statistics Division, Department of Education, Ministry of Education and Culture, Government of India, New Delhi, 1983, pp. 15—27

(viii) *Selected Educational Statistics 1982-83*, Planning, Monitoring and Statistics Division, Department of Education, Ministry of Education and Culture, Government of India, New Delhi, 1984, pp. 15—27

(ix) *Selected Educational Statistics 1983-84*, Planning, Monitoring and Statistics Division, Department of Education, Ministry of Education, Government of India, New Delhi, 1985, pp. 15—27

(x) *Seventh Five Year Plan 1985-90 Vol. II*, Planning Commission, Government of India, New Delhi, 1985, pp. 256, 266 & 267

TABLE 4.8

Index of growth of enrolment for general education by stages in school and college levels in India from 1960-61 to 1984-85

(Base year: 1960-61)

Year	Index of enrolment growth																				
	School level									College level											
	Primary (I-V)			Middle (VI-VIII)			High/Higher Secondary (IX-XI/XII)			P.U.C./Intermediate			Graduate			Post graduate			Doctorate		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
1960-61	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1965-66	136	160	144	151	175	157	166	217	176	129	174	136	193	268	209	146	206	158	152	202	160
1968-69	145	177	155	177	218	187	198	283	214	176	233	186	288	422	317	207	327	231	216	287	227
1974-75	171	216	185	209	293	229	229	387	259	292	461	320	413	695	473	343	582	391	276	519	316
1977-78	179	224	193	220	307	243	237	415	272	303	445	326	493	732	544	403	646	451	415	938	480
1978-79	194	258	214	219	308	242	211	358	240	331	507	360	622	898	681	480	912	421	383	704	436
1979-80	185	239	203	247	377	279	208	382	241	166	294	187	603	876	661	518	988	612	458	835	519
1980-81	189	247	208	262	403	296	285	541	331	358	555	391	578	828	631	549	1,041	647	525	953	595
1981-82	191	251	210	275	434	314	345	648	401	253	479	291	613	913	677	546	951	627	532	697	614
1982-83	200	261	220	289	461	331	349	680	411	428	751	482	629	1,007	709	535	981	624	486	1,081	584
1983-84	209	279	232	325	521	373	383	728	448	386	655	431	680	1,071	804	555	1,013	652	498	1,146	604
1984-85	217	300	244	344	569	399	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Note : Figures from 1978-79 onwards are provisional

NA : Not available

Source : *Based on*— (i) *A Handbook of Educational and Allied Statistics*, Department of Education, Ministry of Education and Culture, Government of India, New Delhi, 1983, pp. 68, 94 & 205-209

(ii) *Selected Educational Statistics 1979-80*, Planning, Monitoring and Statistics Division, Department of Education, Ministry of Education and Culture Government of India, New Delhi, 1981, pp. 15—22

(iii) *Selected Educational Statistics 1980-81*, Planning, Monitoring and Statistics Division, Department of Education, Ministry of Education and Culture Government of India, New Delhi, 1982, pp 15—21

(iv) *Selected Educational Statistics 1981-82*, Planning, Monitoring and Statistics Division, Department of Education, Ministry of Education and Culture, Government of India, New Delhi, 1983, pp. 15—26

(v) *Selected Educational Statistics 1982-83*, Planning Monitoring and Statstics Division, Department of Education, Ministry of Education and Culture, Government of India, New Delhi, 1984, pp. 15—26

(vi) *Selected Educational Statistics 1983-84*, Planning, Monitoring and Statistics Division, Ministry of Education, Government of India, New Delhi, 1985, pp. 15—26

(vii) *Seventh Five Year Plan 1985-90, Vol. II*, Planning Commission, Government of India, New Delhi, 1985, pp. 266-267

TABLE 4.5

mber of centres by type and enrolment by sex and social groups under adult education programme in India (rural, urban, total) from 1980-81 to 1984-85

Item	1980-81	1981-82	1982-83	1983-84	1984-85
(1)	(2)	(3)	(4)	(5)	(6)
Number of centres					
(I) By area					
(i) Rural	88,111	1,04,220	1,44,766	1,67,588	1,97,365
(ii) Urban	3,994	5,018	6,083	8,519	9,243
(iii) Total	92,105	1,09,238	1,50,849	1,76,107	2,06,608
(II) By categories					
(i) Exclusively for men	51,175	58,881	78,637	82,603	86,584
(ii) Exclusively for women	30,739	36,679	53,373	70,350	98,151
(iii) Co-educational	10,191	13,678	18,839	23,154	21,873
(iv) Total	92,105	1,09,238	1,50,849	1,76,107	2,06,608
Enrolment (in lakhs)					
(I) By area and sex					
(i) Rural					
(a) Men	15·54	17·64	25·17	27·09	28·62
(b) Women	9·36	11·50	16·72	22·07	30·43
(c) Persons	24·90	29·14	41·89	49·16	59·05
(ii) Urban					
(a) Men	0·37	0·41	0·59	0·80	0·80
(b) Women	0·63	0·65	1·08	1·52	1·90
(c) Persons	1·00	1·06	1·67	2·32	2·70
(iii) Total					
(a) Men	15·91	18·05	25·77	27·90	29·43
(b) Women	9·99	12·14	17·80	23·58	32·32
(c) Persons	25·90	30·19	43·57	51·48	61·75
By social groups					
(i) Sehcduled castes	6·24	8·41	11·65	13·60	17·03
(ii) Scheduled tribes	4·47	5·72	7·90	8·48	9·94
(ifi) Other social groups	15·19	16·06	24·02	29·40	34·76
(iv) Total	25·90	30·19	43·57	51·48	61·73

: The National Adult Education Programme was formally launched on 2nd October 1978 with an objective to cover the entire illiterate population in the age group of 15—35 years within a period of about five years. It lays special emphasis on the enrolment of women, scheduled castes and scheduled tribes

e: Directorate of Adult Education, Ministry of Human Resource Development, Government of India, New Delhi

India. Ministry of Welfare. Handbook on Social Welfare Statistics: New Delhi, 1986. p. 57.

5. Nutrition

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TABLE 5.-

Daily Allowances of Nutrients for Indians
(Recommended by the Nutrition Expert Group in 1968)

up	Particulars	Calories	Proteins (gm.)	Calcium (gm.)	Iron (mg.)	Vitamin A: Retinol (µg.) or β-carotene (µg.)	Thiamine (mg.)	Riboflavin(mg.)	Nicotinic acid (mg.)	Ascorbic acid (mg.)	Folic aicd (µg.)	Vitamin B_{12} (µg.)	Vitamin D (I·U)
	Sedentary work	2400					1.2	1.3	16				
	Moderate work	2800	55	0.4 to 0.5	20	750 3000	1.4	1.5	19	50	100	1	
	Heavy work	3900					2.0	2.2	26				
an	Sedentary work	1900					1.0	1.0	13				
	Moderate work	2200	45	0.4 to 0.5	30	750 3000	1.1	1.2	15	50	100	1	
	Heavy work	3000					1.5	1.7	20				
	Pregnancy (second half of pregnancy)	+300	+10	0.4 to 0.5 +1.0	40	750 3000	+0.2	+0.2	+2	50	150-300	1 +1.5	
	Lactation (up to 1 year)	+700	+20		30	1150 4600	+0.4	+0.4	+5	80	150		

Source : National Institute of Nutrition. Nutritive value of Indian Foods. Hyderabad, 1980.

TABLE

Balanced Diets for Adult Woman

	Sedentary work		Moderate work		Heavy work		Additional allowances during	
	Vegetarian	Non-vegetarian	Vegetarian	Non-vegetarian	Vegetarian	Non-vegetarian	Pregnancy	Lactation
	(gm.)	(gm.)	(gm.)	(gm.)	(gm.)	(gm.)	(gm.)	(gm.)
Cereals	300	300	350	350	475	475	50	100
Pulses	60	45	70	55	70	55	..	10
Green leafy vegetables	125	125	125	125	125	125	25	25
Other vegetables ..	75	75	75	75	100	100	..	..
Roots and tubers ..	50	50	75	75	100	100	..	..
Fruits	30	30	30	30	30	30	..	..
Milk	200	100	200	100	200	100	125	125
Fats and oils ..	30	35	35	40	40	45	..	15
Sugar and jaggery ..	30	30	30	30	40	40	10	20
Meat and fish ..	..	30	..	30	..	30	..	..
Eggs	..	30	..	30	..	30	..	..
Groundnuts ..	..	..	..	..	40*	40*	..	..

*An additional 25 gm. of fats and oils can be included in place of groundnuts.

Source National Institute of Nutrition. Nutritive value of Indian Foods. Hyderabad. 1980.

TABLE 5.3

Percent prevalence of deficiency signs among females in urban population, 1975-79

iciency Signs	MIG	MIG	LIG	IL	SLUMS
ber	441	1777	1544	1798	1695
	79.1	75.8	67.8	69.6	58.1
j.Xerosis	-	0.1	0.3	0.1	0.4
ot's spot	-	0.1	0.4	0.5	0.9
al vitamin 'A' deficiency	-	0.2	1.0	0.5	1.3
ular stomatitis	-	0.9	2.4	1.8	4.2
er B-complex deficiency	0.4	0.7	1.2	0.8	1.6
al B-complex deficiency	0.4	1.6	3.6	2.6	5.8
ies	10.2	9.5	6.4	5.3	5.3

Source : National Institute of Nutrition. National Nutrition Monitoring Bureau. Report on urban population. Hyderabad, 1984.

TABLE 5.4

Percentage prevalence of deficiency signs in adults
(Females 21 years and above) 1982

State	Kerala	Tamil Nadu	Karnataka	Andhra Pradesh	Maharashtra	Gujarat	Orissa	West Bengal
Number	524	573	390	322	569	298	220	52
N/D	54.2	63.4	36.4	63.4	68.0	65.8	61.8	63.5
Conj.Xerosis	0.2	0.4	-	-	-	0.3	-	3.8
Bitot's spot	-	0.5	-	1.2	2.6	0.7	-	1.9
Total Vitamin A deficiency	9.9	0.9	-	1.2	3.1	4.0	-	5.7
Angular stomatitis	1.3	2.4	2.1	2.2	1.8	-	1.4	3.8
Other B-complex deficiency	-	-	-	0.9	0.9	-	0.5	11.5
Total B-complex deficiency	1.3	2.4	2.1	3.1	2.7	-	1.9	15.3
Caries	21.4	10.6	-	1.2	2.6	-	10.5	42.3

Source : National Institute of Nutrition. National Nutrition Monitoring Bureau. Report for the year 1980. Hyderabad. 1984.

6. Labour & Employment

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TABLE 6.1

Labour force projections by age and sex in India (rural, urban, total) from 1980 to 2000

(In lakhs)

Year	Rural/ Urban/ Total	5+			15+			15—59		
		Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1980	Rural	1,488·6	662·4	2,151·0	1,397·4	603·6	2,001·0	1,285·3	577·3	1,862·6
	Urban	448·4	108·1	556·5	437·2	101·2	538·4	417·1	97·1	514·2
	Total	1,937·0	770·5	2,707·5	1,834·6	704·8	2,539·4	1,702·4	674·4	2,376·8
1985	Rural	1,641·8	732·1	2,373·9	1,548·1	670·7	2,218·8	1,426·1	641·8	2,067·9
	Urban	546·9	133·2	680·1	534·2	125·2	659·4	510·0	120·2	630·2
	Total	2,188·7	865·3	3,054·0	2,082·3	795·9	2,878·2	1,936·1	762·0	2,698·1
1990	Rural	1,806·4	806·9	2,613·3	1,710·8	744·2	2,455·0	1,574·3	711·8	2,286·1
	Urban	669·1	165·4	834·5	654·8	156·3	811·1	624·8	149·9	774·7
	Total	2,475·5	972·3	3,447·8	2,365·6	900·5	3,266·1	2,199·1	861·7	3,060·8
2000	Rural	2,085·2	934·5	3,019·7	1,989·4	872·2	2,861·6	1,813·2	830·1	2,643·3
	Urban	1,011·0	249·1	1,260·1	978·4	237·3	1,215·7	928·6	226·6	1,155·3
	Total	3,096·2	1,183·6	4,279·8	2,967·8	1,109·5	4,077·3	2,741·8	1,056·7	3,798·5

Note : (i) Based on usual status participation rates from 32nd round of National Sample Survey (NSS).

(ii) In addition to the above, there is a sizeable population which is economically active in subsidiary occupations. The number of subsidiary workers, using the NSS 32nd round is nearly 271 lakhs for age group 5+ in March 1985.

(iii) Refers to position on 31 March of respective years.

Source : *Seventh Five Year Plan 1985-90, Vol. I*, Planning Commission, Government of India, New Delhi, 1985, .p. 13.

TABLE 6.2

Growth rates (per cent) of population and main workers by age group and sex in India in 1971 and 1981

Age group (in years)	Males		Females	
	Population	Workers	Population	Workers
(1)	(2)	(3)	(4)	(5)
All ages	24·46	22·12	24·94	44·99
0—14	17·67	—3·51	17·77	32·23
15—19	37·88	27·49	39·25	63·07
20—24	37·87	30·21	35·05	51·47
25—29	30·26	25·85	25·33	41·02
30—39	20·02	18·92	21·54	41·79
40—49	24·58	24·22	29·56	48·69
50—59	27·25	25·09	29·61	42·38
60+	33·59	15·30	36·22	30·47

Note : Excludes data in respect of Assam

Source : *Census of India, 1981, Series-1, India, Part-II, Special, Report & Tables Based on 5 per cent Sample Data*, Registrar General & Census for Commissioner for India, New Delhi, 1984, p. 95 (Report)

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TABLE 6.3

Work participation rates by age and sex in India (rural, urban, total) in 1971 and 1981

Age group (in years)	Total/ Rural/ Urban	Males		Females	
		1971	1981	1971	1981
(1)	(2)	(3)	(4)	(5)	(6)
0—14	Total	6·65	5·46	2·63	2·95
	Rural	7·56	6·30	3·05	3·53
	Urban	2·75	2·46	0·82	0·88
15—19	Total	55.32	51·15	15·78	18·48
	Rural	62·31	58·19	18·80	22·77
	Urban	28·32	31·54	5·51	6·19
20—24	Total	81·43	76·91	18·12	20·32
	Rural	86·56	82·71	20·58	24·29
	Urban	67·49	63·35	9·54	9·25
25—29	Total	94·27	91·08	20·01	22·52
	Rural	95·45	92·79	22·16	26·14
	Urban	90·54	86·78	11·68	12·17
30—39	Total	97·12	96·22	21·70	25·31
	Rural	97·61	96·71	23·78	28·45
	Urban	95·45	94·93	13·11	15·14
40—49	Total	97·08	96·81	22·63	25·97
	Rural	97·62	97·25	24·43	28·90
	Urban	95·15	95·49	14·53	15·34
50—59	Total	94·03	92·43	19·64	21·56
	Rural	95·50	94·08	21·08	23·94
	Urban	87·85	86·86	12·71	12·42
60+	Total	73·82	63·71	10·64	10·19
	Rural	77·52	67·59	11·49	11·29
	Urban	55·35	47·49	6·46	5·75
All Ages	Total	52·61	51·62	12·06	13·99
	Rural	53·62	52·62	13·36	16·00
	Urban	48·80	48·54	6·65	7·28

Note : Excludes data in respect of Assam.

Source : *Census of India 1981,Series-1, India, Paper-2 of 1983, Key Population Statistics Based on 5 Per cent Sample Data,* Registrar General & Census Commissioner for India, New Delhi, 1983, p. 26.

TABLE 6.4

Number of workers by type, industrial category, age group and sex in India (Rural, Urban, Total) in 1981

(in thousands)

Sl. No.	Industrial category	Area	Age group (in year)	Main workers			Marginal workers		
				Persons	Males	Females	Persons	Males	Females
(1)	2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	All Categories	Total	All ages	2,22,517	1,77,544	44,973	22,089	3,537	18,552
			0—14	11,169	7,413	3,756	2,424	684	1,740
		Rural	All ages	1,76,434	1,36,831	39,603	20,875	3,090	17,785
			0—14	10,191	6,681	3,510	2,363	658	1,705
		Urban	All ages	46,083	40,713	5,370	1,214	447	767
			0—14	978	732	246	61	26	35
1	Cultivators	Total	Allages	92,523	77,591	14,932	10,362	1,474	8,888
			0—14	4,013	2,912	1,101	1,183	352	831
		Rural	All ages	90,157	75,475	14,682	10,119	1,406	8,713
			0—14	3,961	2,869	1,092	1,174	349	825
		Urban	All ages	2,365	2,115	250	243	68	175
			0—14	52	43	9	9	3	6
2	Agricultural labourers	Total	All ages	55,500	34,732	20,768	8,864	1,178	7,686
			0—14	4,774	2,783	1,991	1,007	240	767
		Rural	All ages	52,713	32,835	19,878	8,637	1,125	7,512
			0—14	4,629	2,694	1,935	993	236	757
		Urban	All ages	2,787	1,897	890	227	53	174
			0—14	144	89	55	14	4	10
3	Livestock, forestry, fishing, hunting and plantations, orchards and allied activities	Total	All ages	4,992	4,160	832	435	130	305
			0—14	704	563	141	67	34	33
		Rural	All ages	4,155	3,422	733	405	116	289
			0—14	674	537	137	65	32	33
		Urban	All ages	838	738	100	30	14	16
			0—14	30	26	4	3	2	1
4	Mining and Quarrying	Total	All ages	1,264	1,101	163	19	8	11
			0—14	27	16	11	3	1	2
		Rural	All ages	810	676	134	17	6	11
			0—14	25	14	11	3	1	2
		Urban	All ages	454	425	29	2	2	—
			0—14	3	2	1	—	—	—
5	Manufacturing, Processing, servicing and repairs								
	(a) Household industry	Total	All ages	7,711	5,647	2,064	862	107	755
			0—14	424	229	195	69	17	52
		Rural	All ages	5,433	3,932	1,501	681	82	599
			0—14	324	171	153	57	14	43
		Urban	All ages	2,279	1,716	563	182	25	157
			0—14	101	58	43	11	3	8
	(b) Other than household industry	Total	All ages	17,432	15,834	1,598	587	189	398
			0—14	541	400	141	40	14	26
		Rural	All ages	6,059	5,229	830	406	103	303
			0—14	259	170	89	30	9	21
		Urban	All ages	11,373	10,605	768	181	86	95
			0—14	282	230	52	10	6	4

—contd.

TABLE 6.4 (Contd.)

Sl. No.	Industrial category	Area	Age group (in years)	Main workers			Marginal workers		
				Persons	Males	Females	Persons	Males	Females
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
6	Constructions	Total	All ages	3,565	3,207	358	141	69	72
			0—14	80	52	28	11	1	7
		Rural	All ages	1,729	1,528	201	97	8	59
			0—14	48	28	20	9	3	6
		Urban	All ages	1,836	1,679	157	43	30	13
			0—14	32	24	8	2	1	1
7	Trade and commerce	Total	All ages	13,929	13,012	917	365	172	193
			0—14	245	224	21	20	13	7
		Rural	All ages	4,918	4,480	438	238	98	140
			0—14	98	84	14	14	8	6
		Urban	All ages	9,012	8,533	479	127	74	53
			0—14	147	140	7	5	4	1
8	Transport, storage and communications	Total	All ages	6,069	5,899	170	73	61	12
			0—14	34	31	3	1	1	—
		Rural	All ages	1,923	1,876	47	37	30	7
			0—14	9	8	1	1	1	—
		Urban	All ages	4,146	4,023	123	34	30	4
			0—14	23	22	1	1	1	—
9	Other services	Total	All ages	19,530	16,360	3,170	381	149	232
			0—14	327	204	123	24	9	15
		Rural	All ages	8,536	7,377	1,159	238	86	152
			0—14	163	105	58	17	6	11
		Urban	All ages	10,995	8,983	2,012	143	64	79
			0—14	163	98	65	7	3	4

Source : Census of India 1981, Series-1, India Part-II, Special Report & Tables Based on 5 Per Cent Sample Data, Registrar General & Census Commissioner, for India, New Delhi, 1984, pp.-6-9 & 24-27 (Tables).

TABLE 6.5

Percentage distribution of total. main and marginal workers by industrial category and sex in India in 1981.

Sl. No.	Industrial category	Total workers			Main workers		Marginal wroekers	
		Person	Male	Female	Male	Female	Male	Female
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Total (All categories)	**100·00**	**100·00**	**100·00**	**100·00**	**100·00**	**100·00**	**100·00**
1	Cultivators	42·06	43·66	37·50	43·70	33·20	41·66	47·91
2	Agricultural labourers	26·31	19·83	44·79	19·56	46·18	33·29	41·43
3	Livestock, forestery fishing, hunting and plantations, orchards and allied activities	2·22	2·37	1·79	2·34	1·85	3·68	1·64
4	Mining and quarrying	0·52	0·61	0·27	0·62	0·36	0·25	0·06
5	Manufacturing, processing, servicing and repairs							
	(a) Household industry . . .	3·51	3·18	4·44	3·18	4·59	3·03	4·07
	(b) Other than houshold industry . .	7·37	8·85	3·14	8 92	3 55	5 34	2·15
6	Constructions	1·52	1·81	0·68	1·81	0·80	1·95	0·39
7	Trade and commerce	5·84	7·28	1·75	7·33	2·04	4·86	1·04
8	Transport, storage and communications .	2·51	3·29	0·29	3 32	0·38	1·71	0·06
9	Other services	8·14	9·12	5·35	9·22	7·05	4·23	1·25

Note : Excludes data in respect of Assam.

Source : *Census of India, Series-I, India, Paper 2 of 1983, Key Population Statistics Based on 5 Per cent Sample Data*, Registrar General & Census Commissioner for India, New Delhi 1983, p.27.

TABLE 6.6

Average daily employment by sex in factories, mines and plantations in India from 1978 to 1983

(In thousands)

Year	Average daily employment								
	Factories			Mines			Plantations		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1978	4,505	495	5,000	658	84	742	483	435	918
1979	4,627	514	5,142	662	80	742	484	417	901
1980	4,201	466	4,667	663	78	714	507	412	920
1981	4,684	478	5,162	675	75	750	487	404	891
1982	4,692	480	5,172	706	74	780	456	377	833
1983	NA	NA	NA	698	72	770	612	385	997

Note : (i) Totals may not tally due to rounding off the figures. Data relate to only those units which are furnishing returns

(ii) Data in respect of factories and plantation are provisional

NA : Not available

Source : Labour Bureau, Ministry of Labour, Government of India, Shimla

TABLE 6.7

Number of employees by sex in major industries/services in organised sector in India from 1977-78 to 1984-85

(Rs. in Lakhs)

Sl. No.	Type of industry/service	No. of employees in 1977-78				1978-79			
		Public sector		Private sector		Public sector		Private sector	
		Total	Women	Total	Women	Total	Women	Total	Women
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Agriculture, hunting etc.	6·28	1·16	8·53	4·18	7·76	1·71	8·45	4·11
2	Community, social and personnel services	69·18	9·78	11·10	2·73	70·22	10·11	11·36	2·83
3	Construction	9·98	0·48	0·83	0·11	10·31	0·47	0·83	0·12
4	Electricity, gas and water	5·99	0·11	0·34	Neg.	6·36	0·13	0·34	Neg.
5	Financing, Insurance, real estate etc.	5·80	0·43	1·80	0·10	6·46	0·53	2·00	0·13
6	Manufacturing	13·55	0·82	43·21	4·91	14·12	0·87	44·27	4·85
7	Mining and quarrying	7·58	0·66	1·27	0·26	7·71	0·62	1·25	0·24
8	Transport, storage and communications	25·20	0·62	0·61	0·02	25·90	0·66	0·71	0·02
9	Wholesale and retail trade etc.	0·83	0·05	2·74	0·14	0·99	0·05	2·80	0·16
	Total	**144·41**	**14.12** (9.8)	**70.43**	**12.44** (17.66)	**149.48**	**15.15** (10.14)	**72·02**	**12.46** (13.70)

—contd.

TABLE 5·8—*Contd.*

(Rs. in Lakhs)

Sl. No.	Type of industry/service	No. of employees in 1979-80				1980-81			
		Public sector		Private sector		Public sector		Private sector	
		Total	Women	Total	Women	Total	Women	Total	Women
(1)	(2)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1	Agriculture, hunting etc.	4·31	0.32	8·60	4·28	4·63	0·36	8·58	4·18
2	Community, social and personnel services	72·24	10·52	11·67	2·91	73·55	10·88	12·22	3·07
3	Construction	10·68	0·53	0·73	0·09	10·89	0·49	0·72	0·09
4	Electricity, gas and water	6·61	0·15	0·34	Neg.	6·83	0·16	0·35	Neg.
5	Financing, insurance, real estate etc.	6·91	0·58	2·06	0·13	7·48	0·66	1·96	0·12
6	Manufacturing	14·46	0·92	44·17	4·70	15·02	0·91	45·45	5·03
7	Mining and quarrying	7·97	0·62	1·25	0·24	8·18	0·63	1·30	0·23
8	Transport, storage and communications	26·51	0·73	0·71	0·02	27·09	0·78	0·60	0·02
9	Wholesale and retail trade etc.	1·10	0·05	2·74	0·14	1·17	0·06	2·77	0·14
	Total	**150·78**	**14·42** (9·56)	**72·27**	**12·51** (17·31)	**154·84**	**14. ·93** (9·64)	**73·95**	**12·88** (17·42)

—contd.

TABLE 6.7 (contd.)

(Rs. in lakhs)

Sl. No.	Type of industry/service	No. of employees in 1981-82				1982-83			
		Public sector		Private sector		Public sector		Private sector	
		Total	Women	Total	Women	Total	Women	Total	Women
(1)	(2)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
1	Agriculture, hunting etc.	4·64	0·29	8·62	4·18	4·74	0·30	8·62	4·13
2	Community, social and personnel services	77·02	12·08	12·72	3·26	77·58	12·28	12·77	3·27
3	Construction	11·03	0·47	0·68	0·10	11·22	0·49	0·68	0·10
4	Electricity, gas and water	7·11	0·17	0·17	Neg.	7·18	0·18	0·38	Neg
5	Financing, Insurance, real estate etc.	8·57	0·84	2·06	0·14	8·68	0·86	2·07	0·15
6	Manufacturing	16·62	0·96	46·22	4.81	16·71	0,96	46·16	5.03
7	Mining and quarrying	8·58	0·67	1·23	0·24	9·81	0.63	8.84	0·23
8	Transport, storage and communications	28·05	0·91	0·60	0.02	28·19	0·93	0·59	0·02
9	Wholesale and retail trade etc.	1·17	0·06	2·57	0·15	1·18	0·06	2·76	0·15
	Total	162·78	16·45 (10·11)	75·25	12·90 (17·14)	164·32	16·69 (10·16)	75·23	13·08 (17·39)

TABLE 5.8—*Concld.*

—*contd.*

Sl. No.	Type of industry/service	No. of employees in 1983-84				1984-85*			
		Public sector		Private sector		Public sector		Private sector	
		Total	Women	Total	Women	Total	Women	Total	Women
(1)	(2)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)
1	Agriculture, hunting etc.	4·89	0·35	8·19	3·92	5·00	0·36	9·16	4·62
2	Community, social and personnel services	79·80	13·06	12·88	3·39	80·41	13.30	12·86	3·43
3	Construction	11·19	0·48	0·66	0·09	11·32	0·51	0·65	0·07
4	Electricity, gas and water	7.32	0·20	0·39	Neg.	7·51	0·20	0·40	0·50
5	Financing, Insurance, real estate etc.	9·13	0·95	2·14	0·16	9·39	0·99	2.17	0.17
6	Manufacturing	17·17	0·98	44·73	4·87	17·21	1·01	43·23	4·61
7	Mining and quarrying	9·27	0·63	1·13	0·22	9·63	0·66	1.11	0.20
8	Transport, storage and communications	28·64	1·01	0·57	0·03	28·78	1·05	0·56	0 (3
9	Whole sale and retail trade etc.	1.24	0.08	2.76	0·17	1·25	0.08	2.75	0.16
	Total	168·66	17·74 (10·52)	73·43	12·83 (17.47)	170·47	18·16 (10·65)	72·88	13·30 (18·25)

Note : (i) Refers to position on 31 March of respective year except in case of 1981-82 and 1984-85 and where it refers to 31 December and 30 September respectively
(ii) Totals may not tally due to rounding off

Neg. : Negligible

*Provisional

Source : Directorate General of Employment & Training, Ministry of Labour, Government of India, New Delhi

TABLE 6.8

Usual status unemployment rates by age and sex in India (rural, urban, total) during 1983

Age group	Rural			Urban			Total		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
5—14	2·62	1·50	2·17	8·93	2·77	6·79	3·37	1·63	2·68
15—29	5·06	3·37	4·54	12·46	17·68	13·39	6·97	5·43	6·54
30—44	0·63	0·71	0·66	1·29	2·60	1·51	0·81	0·98	0·86
45—59	0·33	0·57	0·40	0·94	1·43	1·03	0·47	0·69	0·53
60+	0·40	0·99	0·52	1·07	0·20	0·88	0·51	0·85	0·58
All ages	2·32	1·76	2·15	5·95	8·14	6·35	3·20	2.65	3·04

Note : (i) The rates are percentage of unemployed to the corresponding labour force
(ii) Based on NSS 38th round (January, 1983)

Source : *Seventh Five Year Plan 1985-1990, Vol. II*, Planning Commission, Government of India, New Delhi, 1985, p. 122

TABLE 6.9

Number of applicants (Matriculates and above) by sex and level of education for whom

Sl. No.	Education level	No. of placements					
		1978		1979		1980	
		Total	Females	Total	Females	Total	Females
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Matriculates	82.12	16·57	89·00	18·48	100·91	27·46
2	Persons who passed Higher Secondary (including Intermediate/under graduate)	31·37	3·94	33·74	4·49	32·42	5·25
3	Graduate	39·43	7·01	43·89	7·84	41·12	8·71
	(i) Arts	13·62	2·45	14·94	2·71	14·30	3·30
	(ii) Science	7·63	1·11	7·21	1·15	6·45	1·12
	(iii) Commerce	5·81	0·34	5·63	0·39	5·05	0·44
	(iv) Agriculture	0·68	—	1·23	0·03	0·76	0·01
	(v) Education	8·51	2·69	10·28	3·08	10·87	3·37
	(vi) Engineering	1·76	0·07	2·93	0·07	1·34	0·12
	(vii) Law	0·06	—	0·04	0·01	0·14	0·02
	(viii) Medical	0·59	0·15	0·89	0·26	0·83	0·14
	(ix) Veterinary	0·17	—	0·21	Neg.	0·22	0·01
	(x) Others	0·71	0·19	0·53	0.14	1·16	0·18
4	Post-graduate	3·73	0·65	5·67	1·36	4·69	1·22
	(i) Arts	2·01	0·40	2·78	0·76	2·25	0·69
	(ii) Science	0·95	0.14	1·80	0·41	1·35	0·31
	(iii) Commerce	0·39	0·01	0·55	0·05	0·60	0·06
	(iv) Agriculture	0·03	—	0·04	Neg.	0·02	Neg.
	(v) Education	0·23	0·07	0·25	0·07	0·24	0·10
	(vi) Engineering	0·02	—	0·06	Neg.	0.04	0·01
	(vii) Law	—	—	Neg.	—	0·01	—
	(viii) Medical	0·02	0·01	0·04	0·02	0·04	0·01
	(ix) Veterinary	—	—	Neg.	Neg.	Neg.	—
	(x) Others	0·07	0·02	0·15	0·05	0·14	0·04
	Total	156·76	28.17	172·30	32·17	179·14	42·64

NA : Not available

Neg. : Negligible

Source : Directorate General of Emloyment & Training, Ministry of Labour, Government, of India New Delhi

placements were made by employment exchanges in India from 1978 to 1984

(in thousands)

made in the year								
1981		1982		1983		1984		Sl. No.
Total	Females	Total	Females	Total	Females	Total	Females	
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(1)
90·22	20·22	85·66	19.01	96·1	20·1	89·1	17·6	1
35·82	5·82	33·98	6.16	39·0	6·3	42·0	8·7	2
41·34	10·13	41·72	11·60	41·5	10·4	41.8	10·3	3
14·77	3·37	13·29	3·75	12·2	3·2	12·2	3·4	(i)
6·69	1·33	6·44	1·33	6·4	1·0	6·7	1·1	(ii)
5·09	0·61	5·15	0·75	4·8	0·6	5·2	0·6	(iii)
0·89	0·01	1·73	0·01	1·0	—	1.7	0·1	(iv)
10·08	3·94	11·47	4·81	13·1	5·3	12·3	4·6	(v)
1·42	0·11	1·35	0·10	2·6	NA	2.3	0·1	(vi)
0·48	0·11	0·05	0·01	NA	NA	Neg	Neg.	(vii)
1·06	0·23	1·04	0·25	0·6	0·1	0·8	0·2	(viii)
0·13	0·01	0·19	0·02	0·2	—	0·3	—	(ix)
0·73	0·41	1·01	0·57	0·7	0·2	0·3	0·2	(x)
4·66	1·19	5·57	1·42	4·7	1·6	4·7	1·7	4
2·52	0·65	2·22	0·75	2·0	0·7	1·7	0·7	(i)
0·99	0·24	1·73	0·37	1·2	0·4	1·1	0·4	(ii)
0·62	0·08	0·55	0·06	0·4	0·1	0·4	0·1	(iii)
0·03	—	0.09	Neg.	0·1	—	0·1	—	(iv)
0·35	0·19	0·35	0·16	0·7	0·4	1·2	0·5	(v)
0·03	Neg.	0·40	0·01	NA	NA	Neg.	Neg.	(vi)
Neg.	—	—	—	NA	NA	Neg.	Neg.	(vii)
0·02	Neg.	0·12	0·03	0·1	NA	0·1	Neg.	(viii)
—	—	—	—	NA	NA	—	—	(ix)
0·10	0·03	0·11	0·04	0·2	0·1	0·1	Neg.	(x)
172·04	37·36	166·93	38·19	181.14	38·4	177·6	38·3	Total

TABLE 6.10

Number of applicants (Matriculates and above) by sex and level of education on the

Sl. No.	Educational level	No. of applicants on the					
		1978		1979		1980	
		Total	Females	Total	Females	Total	Females
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Matriculate	3,515.72	556·94	3,996·28	645·31	4,568·23	767·89
2	Persons who passed Higher Secondary (including Intermediate/Undergraduate)	1,613,46	240·18	1,882·29	271·22	2,070.94	319·96
3	Graduate	1,208·46	221·41	1,301·85	245·38	1,389·77	281·96
	(i) Arts	556·96	105·90	627·88	122·22	676·02	138·71
	(ii) Science	281·69	42·01	286·64	45·32	310·69	55·22
	(iii) Commerce	196·69	11·62	206·97	13·37	219·14	20·14
	(iv) Agriculture	9·77	0·08	10·84	0·07	11·37	0·08
	(v) Education	118·18	55·40	120·84	57·42	112·84	58·84
	(vi) Engineering	19·61	0·28	21·44	0·63	21·42	0·46
	(vii) Law	4·25	0·33	4·21	0·39	4·78	0·49
	(viii) Medical	10·64	2·40	12·92	2·85	14·81	3·31
	(ix) Veterinary	0·40	0·01	0·43	0·01	0·35	Neg.
	(x) Others	10·27	3·38	9·69	3·10	18·35	4·71
4	Post-Graduate	110·31	28·79	116·66	29·26	134·61	36·23
	(i) Arts	64·46	19·71	68·18	19·31	78·55	25·05
	(ii) Science	25·75	6·03	25·79	6·62	25·65	6·74
	(iii) Commerce	12·37	0·34	14·21	0·57	16·30	0·69
	(iv) Agriculture	0·87	—	0·85	0·01	0·55	0·01
	(v) Education	3·22	1·75	3·17	1·72	5·76	2·25
	(vi) Engineering	0·56	0·01	0·39	0·01	0·44	0·01
	(vii) Law	0·15	0·01	0·16	0·01	0·58	0·02
	(viii) Medical	0·63	0·16	0·92	0·33	1·48	0·39
	(ix) Veterinary	0·02	—	0·03	Neg.	Neg.	Neg.
	(x) Others	2·28	0·78	2·95	0·68	4·88	1·07
	Total	6,447·95	1,047·32	7,297·08	1,191·17	8,163·55	1,406·04

NA : Not available

Neg. : Negligible

Source : Directorate General of Employment and Training Ministry of Labour. Government of India. New Delhi

Live Registers of employment exchanges in India from 1978 to 1984

(In thousands)

Live Registers in								
1981		1982		1983		1984		
Total	Females	Total	Females	Total	Females	Total	Females	Sl. No.
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(1)
5,0080·8	863·59	5,560·17	1,048·10	6,373·9	1,160·8	7,301·2	1,475·8	1
2,325·45	375·02	2,439·47	426·76	2,814·3	512·0	3,075·5	549·3	2
542·80	309·49	1,599·29	358·36	1,767·3	383·0	1,393·3	435·6	3
751·78	156·49	745·98	176·79	833·9	192·0	901·1	209·2	(i)
337·19	59·04	353·92	68·68	379·9	67·8	416·6	82·4	(ii)
251·57	21·00	283·66	31·56	314·0	30·0	355·2	37·7	(iii)
13·05	0·11	16·07	0·21	17·0	0·2	18·9	0·3	(iv)
127·06	64·32	137·59	71·46	162·2	84·0	177·3	92·8	(v)
19·92	0·63	21·87	1·29	22·6	1·4	26·6	2·0	(vi)
7·23	1·43	6·82	0·54	7·8	1·1	8·4	0·7	(vii)
15·54	2·44	17·70	3·48	17·6	3·4	20·6	5·1	(viii)
0·35	Neg.	0·58	0·02	0·05	NA	0·7	Neg.	(ix)
19·11	4·03	15·10	4·33	11·7	3·1	13·9	5·4	(x)
141·86	39·31	170·16	52·62	200·7	59·7	219·9	64·4	4.
81·78	26·39	96·40	33·34	112·6	37·3	119·9	37·3	(i)
28·00	8·01	34·89	10·96	38·8	11·0	43·5	13·0	(ii)
17·78	0·87	21.11	1·21	25·8	1·4	28·6	2·0	(iii)
0·76	0·01	1·01	0·01	1·3	NA	1·2	Neg.	(iv)
6·55	3·00	9·09	5·14	14·0	8·4	18·8	9·5	(v)
0·47	0·01	1·12	0·09	1·2	0·1	0·5	Neg.	(vi)
0·16	0·02	0·34	0·02	0·3	NA	0·2	Neg.	(vii)
0·62	0·18	0·80	0·21	1·1	0·2	0·8	0·2	(viii)
0·05	—	0·02	Neg.	NA	NA	Neg.	—	(ix)
5·69	0·82	5·38	1·64	5·6	1·3	6·4	2·4	(x)
9,018·19	1.587·41	9,769·09	1,884·84	11,156·2	2,115·4	12,535·9	2,525·1	Total

TABLE 6.11

Women Employment in the Organised Sector by Zones/State and Union Territories during the quarter ended 30th September, 1985 (R) and December, 1985 (P)

(In thousands)

Sl. No.	State/Union Territory	30th September, 1985 (R)			31st December, 1985 (P)			Percentage change over the			
		Public Sector	Private Sector	Total	Public Sector	Private Sector	Total	Previous quarter			Corresponding quarter of 1984
								Public Sector	Private Sector	Total	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
I.	NORTH ZONE	294.4	94.0	388.4	303.2	99.0	402.1	+3.0	+5.3	+3.5	+5.3
1.	Haryana	42.0	14.0	56.0	42.7	14.0	56.6	+1.7	-0.5	+1.1	+4.5
2.	Punjab	75.9	17.3	93.2	76.7	17.8	94.5	+1.2	+2.7	+1.4	+2.7
3.	Himachal Pradesh	23.3	2.5	25.8	22.2	2.6	24.8	-4.7	+4.5	-3.8	+5.8
4.	Chandigarh	6.6	2.3	8.9	6.8	2.3	9.1	+2.6	+2.1	+2.4	+3.6
5.	Delhi	63.2	21.9	85.1	64.1	22.2	86.3	+1.5	+1.7	+1.5	+2.9
6.	Rajasthan	68.6	34.6	103.2	75.6	38.6	114.3	+10.3	+11.7	+10.7	+9.5
7.	Jammu & Kashmir	14.8	1.5	16.3	15.0	1.5	16.5	+0.9	+1.8	+1.0	+7.0
II.	CENTRAL ZONE	249.8	71.1	320.9	253.7	73.5	327.2	+1.6	+3.3	+2.0	+3.6
8.	Madhya Pradesh	116.5	20.6	137.1	118.1	22.4	140.5	+1.4	+8.9	+2.5	+4.4
9.	Uttar Pradesh	133.3	50.5	183.8	135.6	51.0	186.6	+1.8	+1.0	+1.6	+10.3
III.	NORTH EASTERN ZONE	75.0	272.5	347.5	76.2	225.3	301.5	+1.7	-17.3	-13.2	+3.4
10.	Assam	40.2	266.7	306.9	40.8	219.5	260.4	+1.6	-17.7	-15.2	+3.3
11.	Meghalaya	7.6	1.6	9.3	8.2	1.6	9.8	+5.9	+0.4	+5.8	+4.8
12.	Manipur	5.9	0.1	6.0	5.9	0.1	6.0	-	-	-	+3.4
13.	Mizoram	4.7	0.2	4.9	4.7	0.2	4.9	-	-	-	+1.0
14.	Nagaland	5.3	0.4	5.7	5.3	0.4	5.7	+0.4	-	+0.4	+1.6
15.	Tripura	11.3	3.5	14.7	11.4	3.4	14.7	+0.8	-2.2	+0.1	+6.0
IV.	EASTERN ZONE	244.5	179.6	424.1	243.8	166.8	410.6	-0.3	-7.2	-3.2	+1.5
16.	Bihar	101.3	20.3	121.6	100.7	20.4	121.1	-0.6	+ -	-0.5	+1.3
17.	Orissa	36.5	12.1	48.6	36.5	12.1	48.6	-	-	-	+2.9
18.	West Bengal	106.7	147.2	253.9	106.5	134.4	240.9	-0.1	-8.7	-5.1	+1.3
V.	WESTERN ZONE	381.4	206.2	587.6	384.5	223.1	607.6	+0.8	+8.2	+3.4	+2.7
19.	Gujarat	117.1	53.9	171.0	118.5	61.8	180.3	+1.2	+14.7	+5.5	+3.2
20.	Maharashtra	253.8	146.7	400.5	255.5	155.7	411.2	+0.7	+6.1	+2.7	+2.5
21.	Goa, Daman & Diu	10.5	5.6	16.1	10.5	5.6	16.1	+0.1	+0.1	+0.1	+1.1

TABLE 6.11 (continued)

2.	3.	4.	5.	6.	7.	8.	9.	10.	11	12.
SOUTHERN ZONE	662.2	543.8	1206.0	662.4	530.4	1192.8	+ -	-2.5	-1.1	+3.8
Andhra Pradesh	122.1	72.6	194.7	123.9	73.2	197.0	+1.4	+0.7	+1.2	+4.6
Karnataka	122.2	62.7	185.0	123.0	64.4	187.5	+0.6	+2.7	+1.4	+10.2
Kerala	157.2	239.0	396.3	155.3	223.2	378.5	-1.2	-6.6	-4.5	+1.8
Pondicherry	5.8	0.8	6.7	5.8	0.8	6.6	-0.8	+0.8	-0.6	+3.4
Tamil Nadu	254.8	168.6	423.3	254.4	168.8	423.2	-0.1	+0.1	- -	+2.6
Andaman & Nicobar*	2.0	-	2.0	2.0	-	2.0	+3.7	-	+3.7	-
GRAND TOTAL:-	1909.1	1367.2	3276.3	1925.8	1318.0	3243.8	+0.9	-3.6	-1.0	+3.5

NOTES:- 1. R = Revised P = Provisional.

2. Individual figures in columns/rows may not necessarily add up to total due to rounding off.

3. Percentages have been calculated on absolute figures.

4. Latest available figures in respect of Manipur, Mizoram and Orissa have been repeated due to non-receipt of data for the quarter under review.

5. * The U.T. of Administration of Andaman & Nicobar Islands is shown separately as it is outside the scheme of zonal classification.

Source: India. Ministry of Labour. Directorate General of Employment and Training. Quarterly Employment Review, October to December, 1985. New Delhi, 1987. p. 21-22.

TABLE 6.12

Women Employment in the organised sector by Major Industries during the quarter ended 30th September, 1985 (R) and 31st December, 1985 (P)

(In thousands)

stry Brief sion Description	30th September, 1985 (R)			31st December, 1985 (P)			Percentage change over the			
							Previous quarter			Corresponding quarter 1984
	Public Sector	Private Sector	Total	Public Sector	Private Sector	Total	Public Sector	Private Sector	Total	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
	Agriculture, Hunting, etc.	38.3	468.2	506.5	37.4	407.8	445.2	-2.3	-12.9	-12.1	+2.7
	Mining and Quarrying	65.9	19.2	85.2	66.1	20.3	86.3	+0.2	+5.2	+1.3	-2.1
3	Manufacturing	101.7	479.0	580.7	102.5	485.9	588.4	+0.8	+1.4	+1.3	+2.0
	Electricity, Gas, and Water	21.1	0.6	21.7	21.6	0.6	22.2	+2.3	+0.9	+2.2	+5.8
	Construction	53.2	7.6	60.8	57.9	7.7	65.6	+8.7	+1.2	+7.8	+9.4
	Wholesale and Retail Trade etc.	8.3	16.3	24.6	7.7	16.5	24.2	-6.8	+1.2	-1.5	-1.0
	Transport, Storage and Commucations	109.3	2.8	112.1	109.9	2.7	112.6	+0.5	-2.5	+0.4	+2.6
	Financing, Insurance, and Real Estate	108.4	17.9	126.2	110.4	18.3	128.6	+1.8	+2.1	+1.9	+8.1
	Community, Social and Personal Services	1402.8	355.7	1758.5	1412.4	358.3	1770.7	+0.7	+0.7	+0.7	+4.0
	Total :-	1909.1	1367.2	3276.3	1925.8	1318.0	3243.8	+0.9	-3.6	-1.0	+3.5

otes : 1. R-revised P- provisional

2. Individual figures in columns/rows may not necessarily add up to total due to rounding off.
3. Percentages have been calculated on absolute figures.
4. Latest available figures in respect of Manipur, Mizoram and Orissa have been repeated due to non-receipt of data for the Quarter under review.

ource: India. Ministry of Labour. Directorate General of Employment and Training. Quarterly Employment Review, October-December, 1985. New Delhi, 1987. p 23.

7. Handicapped

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TABLE 7.1

Estimated number of disabled persons by sex and type of disability in India (rural, urban, total) in 1981

(in thousands)

Sl No.	Disability	Rural			Urban			Total		
		Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Visual	1,193	1,715	2,908	249	317	566	1,442	2,032	3,474
2	Hearing	1,366	1,111	2,477	288	254	542	1,654	1,365	3,019
3	Speech	870	496	1,366	255	133	388	1,125	629	1,754
4	Locomotor	2,814	1,528	4,342	679	406	1,085	3,493	1,934	5,427
5	Physical (at least one of the above)	5,496	4,176	9,672	1,300	967	2,267	6,796	5,143	11,939

Note : The data are based on a national survey conducted during July-December 1981. It covered 5,409 sample villages and 3,652 urban blocks consisting of 81,858 rural and 56,452 urban households. All the States and 5 Union Territories participated in the survey. It covered 3 types of disabilities viz. visual disabilities, communication disabilities and locomotor disabilities. Mental disability was specifically excluded. In the cases of hearing and speech disabilities, children in the age group of 0-4 years were excluded from the purview of the survey as it was felt that amongst children in this age group their information in these regards would be incomplete and unreliable

Visual disability : Persons who do not have perception of light in both eyes and those who had perception of light but could not correctly count figures of hand (with/without spectacles) at a distance of 3 metres in good day light.

Hearing disability : Persons who do not hear normal sound with one or both ears without the use of hearing aids

Speech disability : Persons who have voice and can cry or cough but cannot speak. Speech defects are classified as (i) speaking unintelligibly ; (ii) stammering; (iii) speaking with abnormal voice; and (iv) other nasal voice articulation defects.

Locomotor disability : Persons who are unable to move themselves as well as objects from place to place due to (i) Paralysis of the limb or body; (ii) deformity of the limb; (iii) amputation; (iv) disfunction of joints of the limb; and (v) other deformity in the body viz in spine, in neck, hunch backs, dwarfs etc.

Source : *Report on Survey of Disabled Persons, Thirty-Sixth Round, July-December , 1981 No. 305*, National Sample Survey Organisation, New Delhi, 1983, p. 42.

TABLE 7.2

Incidence rate of physical disabilities by type of disability, sex and age in rural and urban areas in India in 1981

Age-group	Rural/ Urban	Incidence rate of											
		Visual disability			Hearing disability			Speech disability			Locomotor disability		
		Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
All ages	Rural	32	45	38	20	18	19	6	2	3	64	42	53
	Urban	23	38	30	14	15	15	7	3	6	61	47	54
0—4	Rural	6	13	9	NA	NA	NA	NA	NA	NA	125	68	97
	Urban	5	3	4	NA	NA	NA	NA	NA	NA	150	112	131
5—14	Rural	4	1	3	14	11	12	8	1	5	35	17	26
	Urban	2	3	2	6	7	7	8	2	5	28	15	22
15—39	Rural	3	4	4	7	3	5	2	1	1	28	10	19
	Urban	6	2	4	5	7	5	1	1	1	20	10	15
40—59	Rural	32	49	41	16	16	16	6	3	4	73	41	58
	Urban	31	58	43	16	9	13	12	5	8	72	48	61
60 and above	Rural	361	485	422	135	135	135	17	10	13	231	254	243
	Urban	284	473	381	147	122	134	45	12	28	318	284	301

Note : See footnote of Table 13·3
Incidence rate: Number of persons who became disabled during 365 days preceding the date of survey per one lakh population
NA : Not available
Source : *Report on Survey of Disabled Persons, Thirty-sixth Round, July-December 1981, No. 305*, National Sample Survey Organisation, New Delhi, 1983, pp. A-36, A-60 & A-84

TABLE 7.3

Prevalence rate of physical disabilities by type of disability, sex and age in rural and urban areas in India in 1981

Age-group (years)	Rural/ Urban	Prevalence rate of											
		Visual disability			Hearing disability			Speech disability			Locomotor disability		
		Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
All ages	Rural	444	670	553	595	510	553	379	228	304	1,047	597	828
	Urban	294	425	356	386	395	390	342	207	279	800	544	679
0—4	Rural	41	37	39	NA	NA	NA	NA	NA	NA	522	342	435
	Urban	29	21	25	NA	NA	NA	NA	NA	NA	628	448	540
5—14	Rural	71	60	66	343	283	314	486	324	411	817	515	676
	Urban	100	72	87	266	220	244	506	345	429	859	562	718
15—39	Rural	125	106	117	386	250	318	359	189	274	876	402	641
	Urban	136	96	117	216	198	208	304	159	236	601	346	482
40—59	Rural	462	715	585	617	579	614	262	175	220	1,458	744	1,110
	Urban	281	467	365	386	458	434	203	122	166	873	560	730
60 and above	Rural	4,573	7,155	5,863	2,660	2,597	2,628	345	225	285	3,079	2,154	2,617
	Urban	3,291	4,968	4,156	2,432	2,305	2,366	360	209	282	2,444	2,060	2,246

Note : See footnote of Table 13·3

Prevalence rate : Number of persons having the disability per one lakh population

NA : Not Available

Source : *Report on Survey of Disabled Persons Thirty-sixth Round, July-December 1981, No. 305*, National Sample Survey Organisation, New Delhi, 1983, pp.32A, A33, A 54—A 57, A 81—A 82

TABLE 7.4

Estimated number of persons who became disabled during 365 days preceding the date of survey by type of disability in India (rural, urban, total) in 1981

(In thousands)

Sl. No.	Disability	Rural			Urban			Total		
		Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Visual	86	115	201	20	28	48	106	143	249
2	Hearing.	46	39	85	10	10	20	56	49	105
3	Speech	114	4	118	5	2	7	19	6	125
4	Locomotor	172	107	279	52	35	87	224	142	366

Note : See footnote of Table 13·3

Source : *Report on Survey of Disabled Persons, Thirty sixth Round, July-December 1981, No. 305*, National Sample Survey Organisation, New Delhi, 1983, p. 43

8. Crime

Pages

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TABLE 8.1

Total cognizable crime under I.P.C., juvenile crime under I.P.C., proportion of juvenile crime to total crime and volume of juvenile crime per one lakh of population

Year	Population in millions (Estimated mid-year)	Total Cognizable crime cases under IPC	Total Juvenile crime cases under IPC	% of Juvenile crime to total cognizable crime	Volume of Juvenile crime per lakh of population
1972	561.7	9,84,773	31,199	3.2	5.6
1976	613.3	10,93,897	37,015	3.4	6.0
1977	625.8	12,67,004	44,008	3.5	7.0
1978	638.4	13,44,968	44,284	3.3	6.9
1979	651.0	13,36,168	46,351	3.5	7.1
1980	663.6	13,68,529	55,129	4.0	8.3
1981	690.1	13,85,757	61,019	4.4	8.8
1982	705.2	13,53,904	59,345	4.4	8.4

Source: India. Ministry of Home Affairs. Bureau of Police Research and Development. Crime in India, 1982. New Delhi, 1987. p.84.

TABLE 8.2

Percentage distribution of crime under important I.P.C. crime heads during 1978-1982

Sl. No.	Heads of Crime	Year				
		1978	1979	1980	1981	19
1.	Murder	1.4	1.5	1.6	1.6	1
2.	Culpable Homicide not amounting to murder	0.2	0.2	0.2	0.2	0
3.	Rape	0.3	0.3	0.4	0.4	0
4.	Kidnapping & Abduction	1.0	1.0	1.0	1.0	1
5.	Dacoity	1.0	1.1	1.1	1.1	0
6.	Robbery	1.7	1.7	1.7	1.6	1
7.	Burglary	13.7	12.6	12.2	11.4	10
8.	Thefts	32.5	32.2	31.5	30.5	27
9.	Riots	7.2	7.4	7.8	7.9	7
10.	Criminal Breach of Trust	1.7	1.6	1.5	1.5	1
11.	Cheating	1.5	1.4	1.3	1.3	1
12.	Counterfeiting	0.1	0.1	0.1	0.1	0
13.	Miscellaneous	37.7	38.9	39.6	41.4	45
	TOTAL	100.0	100.0	100.0	100.0	100

Source : India. Ministry of Home Affairs. Bureau of Police Researc and Development. Crime in India, 1982. New Delhi, 1987. p

TABLE 8.3

Juvenile delinquency

Sl. No.	Heads of Crime	Number of cases reported during					Quinquennial average 1977 to 1981	Cases reported during the year 1982	Change in 1982 over	
		1977	1978	1979	1980	1981			Quinquennial average	1981
	Total IPC Cognizable Crime	44,008	44,284	46,351	55,129	61,019	50,158	59,345	+18.3	— 2.8
1.	Murder	864	718	812	1,038	1,228	932	1,289	+38.3	+ 5.0
2.	C.H. not amounting to Murder	59	89	92	89	92	84	72	—14.3	—21.7
3.	Rape	235	287	312	459	438	346	441	+27.4	+ 0.7
4.	Kidnapping & Abduction	329	597	493	482	527	486	612	+25.9	+16.1
5.	Dacoity	285	288	359	455	613	400	651	+62.8	+ 6.2
6.	Robbery	630	741	743	941	1,057	822	982	+19.5	— 7
7.	Burglary	6,549	6,218	6,275	6,434	6,720	6,439	6,214	— 3.5	— 7.5
8.	Thefts	16,069	14,148	15,376	17,093	17,516	16,040	14,029	—12.5	—19.9
9.	Riots	4,903	5,049	6,195	8,384	9,979	6,902	10,906	+58.0	+ 9.3
10.	Criminal Breach of Trust	265	244	224	287	272	258	226	—12.4	—16.9
11.	Cheating	219	292	259	292	285	269	330	+22.7	+15.8
12.	Counterfeiting	..	3	2	2	15	5	3	—40.0	—80.0
13.	Miscellaneous (other than those included above)	13,601	15,610	15,209	19,173	22,277	17,174	23,590	+37.4	+ 5.9

Source : India. Ministry of Home Affairs. Bureau of Police Research and Development. Crime in India. 1982. New Delhi, 1987. p.87.

TABLE 8.4

Juvenile apprehended by sex

Sl. No.	Years	Boys	Girls	Total	Percentage of Girls
1	2	3	4	5	6
1.	1972	1,20,953	7,228	1,28,181	5.6
2.	1973	1,22,192	5,550	1,27,742	4.3
3.	1974	1,32,125	8,514	1,40,639	6.1
4.	1975	1,32,587	9,312	1,41,899	6.6
5.	1976	1,24,569	9,404	1,33,973	7.0
6.	1977	1,38,532	10,390	1,48,922	7.0
7.	1978	1,51,187	9,732	1,60,919	6.0
8.	1979	1,60,310	9,733	1,70,043	5.7
9.	1980	1,78,129	9,456	1,87,585	5.0
10.	1981	1,81,888	8,679	1,90,567	4.6
11.	1982	1,57,664	10,673	1,68,337	6.3
	Percentage change in 1982 over 1972	+30.4	+47.7	−31.3	
	Percentage change in 1982 over 1981	−13.3	+23.0	−11.7	

Source: India. Ministry of Home Affairs. Bureau of Police Research and Development. Crime in India, 1982. New Delhi, 1987. p.96.

TABLE 8.5

Juvenile apprehended(by sex) for committing crime under I.P.C.

Sl. No.	States/U.Ts./Cities	Boys	Girls	Total
	STATES :			
1.	Andhra Pradesh	1,079	53	1,132
2.	Assam	5,332	1,075	6,407
3.	Bihar	2,909	4	2,913
4.	Gujarat	9,530	525	10,055
5.	Haryana	1,553	14	1,567
6.	Himachal Pradesh	598	100	698
7.	Jammu & Kashmir	1,055	61	1,116
8.	Karnataka	2,832	121	2,953
9.	Kerala	430	50	480
10.	Madhya Pradesh	13,943	193	14,136
11.	Maharashtra	17,726	1,057	18,783
12.	Manipur	534	45	579
13.	Meghalaya	99	18	117
14.	Nagaland	87	..	87
15.	Orissa	514	4	518
16.	Punjab	547	4	551
17.	Rajasthan	5,209	283	5,492
18.	Sikkim	43	..	43
19.	Tamil Nadu	2,969	196	3,165
20.	Tripura	447	82	529
21.	Uttar Pradesh	167	47	214
22.	West Bengal	2,750	81	2,831
	TOTAL (STATES)	70,353	4,013	74,366
	UNION TERRITORIES :			
23.	A & N Islands	98	12	110
24.	Arunachal Pradesh	132	..	132
25.	Chandigarh	51	..	51
26.	D & N Haveli	26	1	27
27.	Delhi	1,185	48	1,233
28.	Goa, Daman & Diu	387	67	454
29.	Lakshadweep	5	..	5
30.	Mizoram	469	53	522
31.	Pondicherry	201	26	227
	TOTAL (U.Ts.)	2,554	207	2,761
	GRAND TOTAL	72,907	4,220	77,127
	CITIES :			
1.	Ahmedabad	1,995	136	2,131
2.	Bangalore	949	17	966
3.	Bombay	289	21	310
4.	Calcutta	95	7	102
5.	Delhi	1,188	48	1,236
6.	Hyderabad	119	..	119
7.	Jaipur	268	31	299
8.	Kanpur	5	..	5
9.	Lucknow	..	..	..
10.	Madras	848	31	879
11.	Nagpur	1,014	15	1,029
12.	Pune	1,839	171	2,010
	TOTAL (CITIES)	8,609	477	9,086

Source: India. Ministry of Home Affairs. Bureau of Police Research and Development. Crime in India, 1982. New Delhi, 1987. p.102.

TABLE 8.6

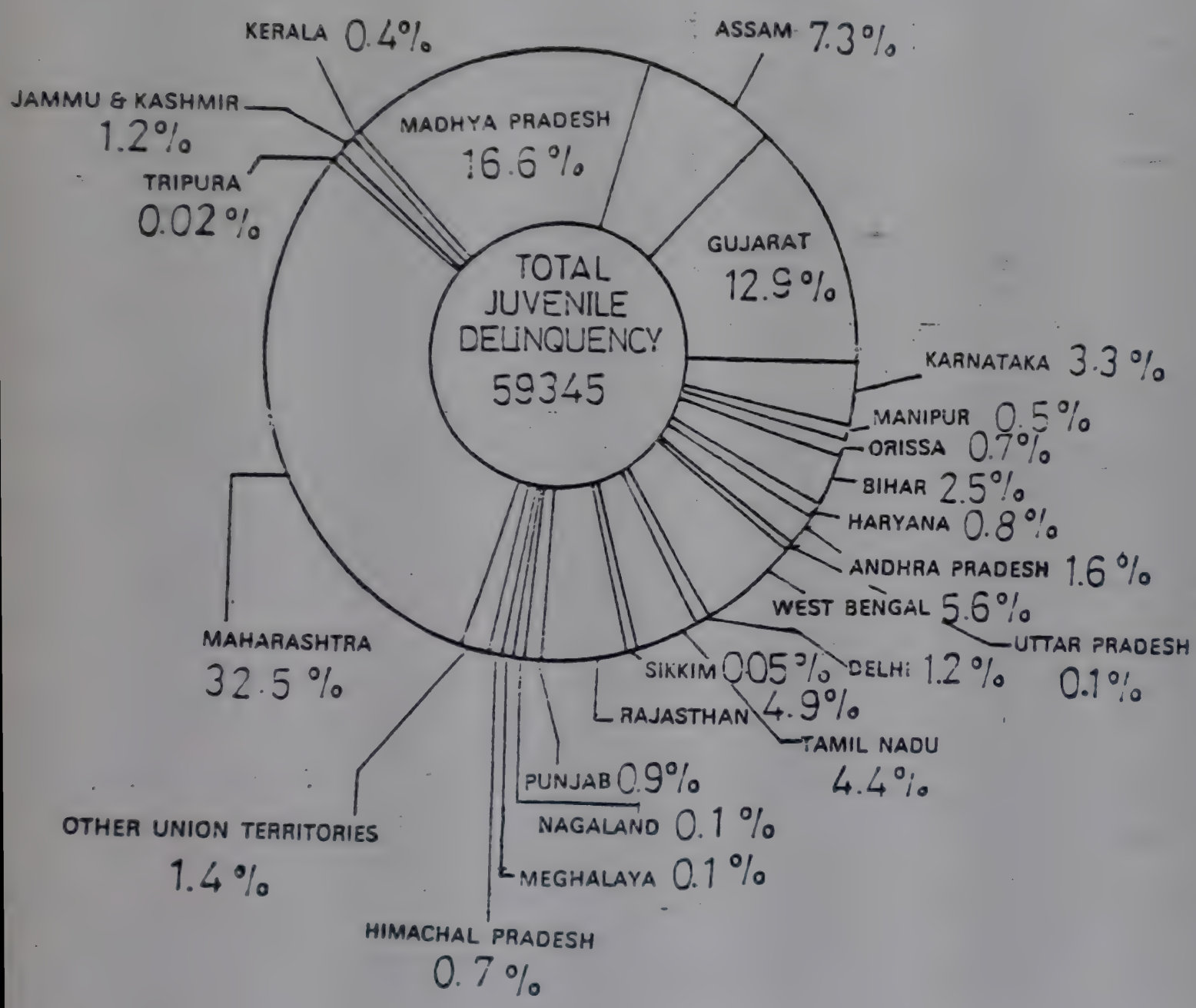
Juveniles apprehended in India (by age group and sex) during-1982

Sl. No.	Heads of Crime	Between 7-12 years		Between 12-16 years		Between 16-18 years		Between 18-21 years		Over all age group		Total Boys + Girls
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
	IPC CRIME :											
1.	Murder	14	2	135	12	221	8	1,253	76	1,623	98	1,721
2.	C.H. not amounting to murder	..	..	10	..	22	..	65	4	97	4	101
3.	Rape	3	1	54	..	72	1	379	1	508	3	511
4.	Kidnapping & Abduction	3	1	23	3	79	10	611	21	716	35	751
5.	Dacoity	..	..	14	..	164	..	976	3	1,154	3	1,157
6.	Robbery	6	2	46	1	177	3	1,003	12	1,232	18	1,250
7.	Burglary	307	10	1,082	29	1,241	32	4,536	107	7,166	178	7,344
8.	Thefts	692	63	2,783	160	3,054	122	9,377	331	15,906	676	16,582
9.	Riots	178	10	811	116	2,720	204	12,585	817	16,294	1,147	17,441
10.	Criminal Breach of Trust	1	..	21	..	32	..	180	..	234	..	234
11.	Cheating	1	..	23	1	45	1	281	13	350	15	365
12.	Counterfeiting	..	..	..	..	..	..	2	..	2	..	2
	TOTAL (IPC crimes)	1,775	205	7,482	615	12,425	840	51,225	2,560	72,907	4,220	77,127
	LOCAL & SPECIAL LAWS :											
1.	Arms Act	1	1	16	..	393	..	826	1	1,236	2	1,238
2.	Opium Act	..	..	1	..	21	..	453	..	175	..	175
3.	Gambling Act	156	..	1,053	..	3,519	..	16,858	27	21,586	27	21,613
4.	Excise Act	53	..	287	3	786	19	1,971	123	3,097	145	3,242
5.	Prohibition Act	284	45	1,327	155	1,974	196	16,893	1,370	20,478	1,766	22,244
6.	Explosive & Explosive Substances Act	..	..	1	..	15	..	51	..	67	..	67
7.	S.I.T. Act	..	..	..	1	1	305	94	1,589	95	1,895	1,990
8.	M.V. Act	..	..	133	..	774	..	942	..	1,849	..	1,849
9.	Prevention of Corruption Act	Nil										
10.	Customs Act	Nil										
11.	Indian Railways Act	..	11	63	7	100	3	1,733	19	1,896	40	1,936
12.	Other Offences not included above	5,019	722	3,771	303	3,879	368	21,609	1,185	34,278	2,578	36,856
13.	Total (Local and Special Laws)	5,513	779	6,652	469	11,462	891	61,130	4,314	84,757	6,453	91,210
	GRAND TOTAL	7,288	984	14,134	1,084	23,887	1,731	1,12,355	6,874	1,57,664	10,673	1,68,337

Source: India. Ministry of Home Affairs. Bureau of Police Research and Development. Crime in India, 1982. New Delhi, 1987. p.94.

TABLE 8.7

JUVENILE DELINQUENCY IN STATES & UNION TERRITORIES IN INDIA — 1982



Source: India. Ministry of Home Affairs. Bureau of Police Research and Development. Crime in India, 1982. New Delhi, 1987. p.89.

TABLE 8.8

Juvenile apprehended(by sex) committing crime under local and special laws

Sl. No.	States/U.Ts./Cities	Boys	Girls	Total
	STATES			
1.	Andhra Pradesh	1,287	49	1,336
2.	Assam	806	6	812
3.	Bihar	462	51	513
4.	Gujarat	23,481	1,280	24,761
5.	Haryana	1,409	3	1,412
6.	Himachal Pradesh	157	46	203
7.	Jammu & Kashmir	95	1	96
8.	Karnataka	2,503	400	2,903
9.	Kerala	35	7	42
10.	Madhya Pradesh	5,367	22	5,389
11.	Maharashtra	27,289	1,509	28,798
12.	Manipur	37	9	46
13.	Meghalaya	25	7	32
14.	Nagaland	14	..	14
15.	Orissa	30	1	31
16.	Punjab	1,058	4	1,062
17.	Rajasthan	352	2	354
18.	Sikkim	..	..	..
19.	Tamil Nadu	16,389	2,844	19,233
20.	Tripura	30	2	32
21.	Uttar Pradesh	539	23	562
22.	West Bengal	727	65	792
	TOTAL (STATES)	82,092	6,331	88,423
	UNION TERRITORIES			
23.	A & N Islands	147	23	170
24.	Arunachal Pradesh	5	..	5
25.	Chandigarh	70	..	70
26.	D & N Haveli	..	..	..
27.	Delhi	1,709	58	1,767
28.	Goa, Daman & Diu	79	2	81
29.	Lakshadweep	..	..	..
30.	Mizoram	21	2	23
31.	Pondicherry	634	37	671
	TOTAL (U.Ts.)	2,665	122	2,787
	GRAND TOTAL	84,757	6,453	91,210
	CITIES			
1.	Ahmedabad	9,331	392	9,723
2.	Bangalore	738	43	781
3.	Bombay	1,162	687	1,849
4.	Calcutta	157	19	176
5.	Delhi	1,709	58	1,767
6.	Hyderabad	1,309	23	1,332
7.	Jaipur	27	..	27
8.	Kanpur	..	..	..
9.	Lucknow	..	..	..
10.	Madras	7,273	857	8,130
11.	Nagpur	4,088	13	4,101
12.	Pune	3,476	266	3,742
	TOTAL (CITIES)	29,270	2,358	31,628

Source : India. Ministry of Home Affairs. Bureau of Police Research and Development. Crime in India, 1982. New Delhi, 1987. p.1

TABLE 8.9

Statement showing the number of victims under different age groups for the crime head 'Rape' in different states/ union territories/cities during 1982

Sl.No.	States/U.Ts./Cities	No. of cases reported	Below 16 years	Between 16 to 30 years	Above 30 years
1	2	3	4	5	6
STATES:					
1.	Andhra Pradesh	259	87	150	22
2.	Assam	257	74	142	41
3.	Bihar	505	65	252	188
4.	Gujarat	107	22	75	10
5.	Haryana	100	23	64	13
6.	Himachal Pradesh	34	16	13	5
7.	Jammu & Kashmir	115	11	55	49
8.	Karnataka	79	21	50	8
9.	Kerala	96	29	62	5
10.	Madhya Pradesh	1,157	270	660	227
11.	Maharashtra	512	232	222	58
12.	Manipur	15	2	11	2
13.	Meghalaya	15	2	13	..
14.	Nagaland	9	3	4	2
15.	Orissa	156	27	119	10
16.	Punjab	53	14	25	14
17.	Rajasthan	339	64	202	73
18.	Sikkim	4	..	3	1
19.	Tamil Nadu	179	37	123	19
20.	Tripura	18	3	14	1
21.	Uttar Pradesh	792	184	498	110
22.	West Bengal	498	110	347	41
	TOTAL (STATES) .	5,299	1,296	3,104	899
UNION TERRITORIES:					
23.	A. & N. Islands	..	..	..	..
24.	Arunachal Pradesh	11	2	9	..
25.	Chandigarh	5	1	3	1
26.	D. & N. Haveli	2	..	1	1
27.	Delhi	73	20	43	10
28.	Goa, Daman & Diu	2	..	2	—
29.	Lakshadweep	..	..	..	..
30.	Mizoram	31	..	23	8
31.	Pondicherry	4	1	3	..
	TOTAL (U.Ts.) .	128	24	84	20
	GRAND TOTAL .	5,427	1,320	3,188	919
CITIES:					
1.	Ahmedabad	11	6	4	1
2.	Bangalore	15	2	11	2
3.	Bombay	70	2	67	1
4.	Calcutta	26	9	17	..
5.	Delhi	71	20	41	10
6.	Hyderabad	17	—	15	2
7	Jaipur	9	1	7	1
8.	Kanpur	23	2	17	
9.	Lucknow	26	11	14	1
10.	Madras	19	5	14	..
11.	Nagpur	34	18	12	4
12.	Pune	15	7	6	2
	TOTAL (CITIES)	336	83	225	28

Source: India. Ministry of Home Affairs. Bureau of Police Research and Development. Crime in India, 1982. New Delhi, 1987. p. 134.

9. Migration

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TABLE 9.1

Migrants by place of birth (proportion in per cent)

Place of birth	1971			1981		
	Persons	Males	Females	Persons	Males	Females
1	2	3	4	5	6	7
A. Migrants born within the state of enumeration to total migrants	83.22	72.97	88.09	84.36	74.76	88.56
i) Migrants born elsewhere in district of enumeration to total migrants	62.12	48.33	68.68	59.32	46.00	65.14
ii) Migrants born in other districts of the state to total migrants	21.10	24.64	19.41	25.04	28.76	23.42
B. Migrants born in other states of India to total migrants	11.17	17.83	8.00	11.75	18.49	8.80
C. Migrants born in other countries to total migrants	5.46	9.07	3.74	3.89	6.75	2.64

Note : 1981 figures exclude Assam while 1971 figures include Assam.

Source: India. Registrar General and Census Commissioner. Report and Tables based on Five per cent Sample Data. Census of India 1981, Series-1 India, Part II Special . New Delhi, 1981. p. 55.

TABLE 3.2

Rural-urban composition of internal migrants by place of birth

(Persons in lakhs)

Place of birth	Place of enumeration					
	1971			1981		
	Total	Rural	Urban	Total	Rural	Urban
1	2	3	4	5	6	7
A. Total internal migrants						
1. Within the state						
Total	1387.77 (100.00)	1113.50 (80.24)	274.27 (19.76)	1723.12 (100.00)	1312.55 (76.17)	410.57 (23.83)
Rural	1220.68 (87.96)	1038.38 (74.82)	182.30 (13.14)	1471.47 (85.40)	1210.08 (70.23)	261.39 (15.17)
Urban	163.55 (11.79)	73.73 (5.32)	89.82 (6.47)	248.60 (14.43)	100.50 (5.83)	148.10 (8.60)
2. In other states of India						
Total	186.28 (100.00)	74.94 (40.23)	111.34 (59.77)	239.90 (100.00)	87.88 (36.63)	152.02 (63.37)
Rural	119.16 (63.97)	61.98 (33.27)	57.18 (30.70)	151.39 (63.10)	70.75 (29.49)	80.64 (33.61)
Urban	62.54 (33.57)	12.50 (6.71)	50.04 (26.86)	86.85 (36.20)	16.69 (6.96)	70.16 (29.24)
B. Total male internal migrants						
1. Within the state						
Total	392.28 (100.00)	261.04 (66.54)	131.24 (33.46)	463.99 (100.00)	276.32 (59.55)	187.67 (40.45)
Rural	323.93 (82.58)	234.79 (59.85)	89.14 (22.73)	365.52 (78.78)	242.76 (52.32)	122.76 (26.46)
Urban	66.79 (17.02)	25.86 (6.59)	40.93 (10.43)	97.59 (21.03)	33.16 (7.15)	64.43 (13.88)
2. In other states of India						
Total	95.88 (100.00)	30.01 (31.30)	65.87 (68.70)	114.76 (100.00)	30.87 (26.90)	83.89 (73.10)
Rural	60.53 (63.13)	24.02 (25.05)	36.51 (38.08)	71.90 (62.65)	23.73 (20.68)	48.17 (41.97)
Urban	32.23 (33.61)	5.72 (5.96)	26.51 (27.65)	41.88 (36.49)	6.91 (6.02)	34.97 (30.47)
C. Total female internal migrants						
1. Within the state						
Total	995.49 (100.00)	852.46 (85.63)	143.03 (14.37)	1259.13 (100.00)	1036.23 (82.30)	222.90 (17.70)
Rural	896.75 (90.08)	803.59 (80.72)	93.16 (9.36)	1105.95 (87.83)	967.32 (76.82)	138.63 (11.01)
Urban	96.76 (9.72)	47.87 (4.81)	48.89 (4.91)	151.01 (11.99)	67.34 (5.35)	83.67 (6.64)
2. In other states of India						
Total	90.40 (100.00)	44.93 (49.70)	45.47 (50.30)	125.14 (100.00)	57.01 (45.56)	68.13 (54.44)
Rural	58.63 (64.85)	37.96 (41.99)	20.67 (22.86)	79.49 (63.52)	47.02 (37.57)	32.47 (25.95)
Urban	30.31 (33.53)	6.78 (7.50)	23.53 (26.03)	44.97 (35.94)	9.78 (7.82)	35.19 (28.12)

Note : 1) The figures within brackets indicate percentage to all the total, rural and urban migrants in respective categories. The given figures (and the percentages) may not add up to total (100.00) as unclassified migrants are omitted from rural, urban categories of migrants which are however negligible.

2) 1981 figures exclude Assam, while 1971 figures include Assam.

Source: India. Registrar General and Census Commissioner. Report and Tables based on Five per Cent Sample Data. Census of India 1981, Series-1 India, Part II Special. New Delhi, 19
P. 65

Migrants by place of last residence
(Proportions in per cent)

Place of last residence	1971			1981		
	Persons	Males	Females	Persons	Males	Females
1	2	3	4	5	6	7
A. Migrants within the state of enumeration to total migrants	83.91	74.05	88.57	85.76	77.12	89.54
(i) Migrants who have resided elsewhere in district of enumeration to total migrants	62.58	49.04	68.99	61.48	49.23	66.84
(ii) Migrants who have resided in other districts of the state to total migrants	21.33	25.01	19.58	24.28	27.89	22.70
B. Migrants who have resided in other states of India to total migrants	11.23	18.00	8.04	11.27	17.68	8.47
C. Migrants who have resided in other countries to total migrants	4.48	7.46	3.07	2.97	5.20	1.99

Note : 1971 figures include Assam, while 1981 figures exclude Assam.

Source: India, Registrar General and Census Commissioner. Report and Tables based on Five per Cent Sample Data. Census of India 1981, Series-1 India, Part II Special. New Delhi, 1981. p. 61.

TABLE 3.1

Rural-urban composition of internal migrants by place of last residence, 1971 and 1981

(Persons in lakhs)

Place of last residence	Place of enumeration					
	1971			1981		
	Total	Rural	Urban	Total	Rural	Urban
1	2	3	4	5	6	7
A. Total internal migrants						
1. Within the state						
Total	1407.70	1117.68	290.02	1782.82	1352.33	430.49
	(100.00)	(79.40)	(20.60)	(100.00)	(75.85)	(24.15)
Rural	1215.01	1035.99	179.02	1507.33	1245.57	261.76
	(86.31)	(73.59)	(12.72)	(84.55)	(69.87)	(14.68)
Urban	187.68	79.10	108.58	271.54	104.15	167.39
	(13.33)	(5.62)	(7.71)	(15.23)	(5.84)	(9.39)
2. In other states of India						
Total	188.52	75.69	112.83	234.24	87.35	146.89
	(100.00)	(40.15)	(59.85)	(100.00)	(37.29)	(62.71)
Rural	112.82	60.52	52.30	141.56	68.47	73.09
	(59.84)	(32.10)	(27.74)	(60.43)	(29.23)	(31.20)
Urban	71.11	14.70	56.41	90.29	17.94	72.35
	(37.72)	(7.80)	(29.92)	(38.55)	(7.66)	(30.89)
B. Total male internal migrants						
1. Within the state						
Total	398.99	260.04	138.95	487.46	289.90	197.56
	(100.00)	(65.17)	(34.83)	(100.00)	(59.47)	(40.53)
Rural	315.31	229.53	85.78	373.75	252.64	121.11
	(79.03)	(57.53)	(21.50)	(76.67)	(51 82)	(24.85)
Urban	81.51	29.68	51.83	112.52	36.68	75.84
	(20.43)	(7.44)	(12.99)	(23.08)	(7.52)	(15.56)
2. In other states of India						
Total	96.98	30.40	66.58	111.75	30.61	81.14
	(100.00)	(31.35)	(68.65)	(100.00)	(27.39)	(72.61)
Rural	55.58	22.52	33.06	65.37	22.05	43.32
	(57.31)	(23.22)	(34.09)	(58.49)	(19.73)	(38.76)
Urban	38.26	7.61	30.65	45.07	8.13	36.94
	(39.45)	(7.85)	(31.60)	(40.33)	(7.28)	(33.05)
C. Total female internal migrants						
1. Within the state						
Total	1008.71	857.64	151.07	1295.36	1062.43	232.93
	(100.00)	(85.02)	(14.98)	(100.00)	(82.02)	(17.98)
Rural	899.70	806.46	93.24	1133.58	992.93	140.65
	(89 19)	(79.95)	(9.24)	(87.51)	(76.65)	(10.86)
Urban	106.17	49.42	56.75	159.02	67.47	91.55
	(10.53)	(4.90)	(5.63)	(12.28)	(5.21)	(7.07)
2. In other states of India						
Total	91.54	45.29	46.25	122.49	56.74	65.75
	(100.00)	(49.48)	(50.52)	(100.00)	(46.32)	(53.68)
Rural	57.24	38.00	19.24	76.19	45.42	29.77
	(62.53)	(41.51)	(21.02)	(62.20)	(37.90)	(24.30)
Urban	32.85	7.09	25.76	45.22	9.81	35.41
	(35.89)	(7.74)	(28.15)	(36.92)	(8.01)	(28.91)

Note : 1. The figures within brackets indicate percentages to all the total, rural and urban migrants in respective categories. The figures (and the percentages) may not add upto total (100.00) as unclassified migrants are omitted from rural-urban categories of migrants which are however negligible.

2. 1981 figures exclude Assam, while 1971 figures include Assam.

Source: India, Registrar General and Census Commissioner. Report and Tables based on Five per cent Sample Data. Census of India 1981, Series- 1 India, Part II Special. New Delhi, 1981

TABLE 9.5

Inmigrants, outmigrants, net migrants, 1971 and 1981 and estimated inter decadal migration

(Females)

Sl. No.	Name of state	1971 Inmigrants I	1971 Outmigrants O	1971 Net migrants I—O	1981 Inmigrants I	1981 Outmigrants O	1981 Net migrants I—O	10 years survival ratio 1971—81	Estimated survival of 1971 migrants	Net* inter decadal migrants	Decadal* rate of migration	Sl. No.
1	2	3	4	5	6	7	8	9	10	11	12	1
1	Andhra Pradesh	414,384	552,589	—138,205	510,808	726,226	—215,418	0.90309	—124.812	—90,606	—0.42	1
2	Bihar	723,980	845.054	—121.074	886,587	1.099,642	—213.055	0.87517	—105.960	—107,095	—0.39	2
3	Gujarat	425,108	418.986	6,122	618,540	536,750	81.790	0.95077	5.821	+75,969	+0.59	3
4	Haryana	789,496	505.268	284,228	974,267	734,148	240,119	0.92666	271,910	—31.791	—0.68	4
5	Karnataka	606,766	609.829	—3,063	885,488	832.512	52,976	0.93076	—2.851	+55,827	+0 39	5
6	Kerala	126.000	356.325	—230,325	179,536	480.066	—300,530	0 94229	—217,033	—83.497	—0.78	6
7	Madhya Pradesh	1,104,315	628,321	475.994	1,336,551	986.566	349.985	0.89209	424.629	—74,644	—0.37	7
8	Maharashtra	1,507,940	644.900	863.040	2,046,422	880 511	1,165.911	0.92803	800,927	+364.984	+1.50	8
9	Orissa	300.058	237,647	62,411	439,297	274,060	165,237	0.87793	54,792	+110,445	+1.01	9
10	Punjab	783,746	565,740	218,006	853.003	669.118	183,885	0.94277	205.530	—21,645	—0.34	10
11	Rajasthan	668,989	718,125	—49.136	916,807	961,838	—45.031	0.93939	—46,158	+1.127	+0.01	11
12	Tamil Nadu	480,735	517,336	—36.601	654.627	698.283	—43.656	0.90408	—33.090	—10.566	—0.05	12
13	Uttar Pradesh	998,654	1,431,164	—432,510	1,307,971	2,130,478	—822,507	0.89290	—386.188	—436.319	—1.06	13
14	West Bengal	2,130.598	443,381	1,687,217	2,471,228	581.691	1,889,537	0.92125	1,554.349	+335,188	+1.61	14

Note : Figures of inmigration include migrants born outside India.

10 year survival ratios are based on 5 per cent age data of 1981.

*Positive sign indicates net inmigration and negative sign indicates net outmigration.

Source: India. Registrar General and Census Commissioner. Report and Tables based on Five Per cent Sample Data. Census of India 1981, Series-1 India, Part II, New Delhi, 1981, p. 50.

TABLE 9.6

Migrants from outside India by place of birth, 1971 and 1981

Sl. No.	Name of state where enumerated	1971			1981		
		Persons	Males	Females	Persons	Males	Females
1	2	3	4	5	6	7	8
	INDIA*	8,121,251	4,347,488	3,773,763	7,938,405	4,189,298	3,749,107
1	Andhra Pradesh	34,020	18,325	15,695	23,163	11,747	11,416
2	Bihar	234,997	79,176	155,821	224,154	56,251	167,903
3	Gujarat	169,049	86,649	82,400	147,332	74,076	73,256
4	Haryana	543,063	286,425	256,638	499,015	263,423	235,592
5	Karnataka	22,630	11,810	10,820	29,964	17,439	12,525
6	Kerala	14,485	8,185	6,300	16,558	7,594	8,964
7	Madhya Pradesh	309,648	168,095	141,553	213,414	114,102	99,312
8	Maharashtra	317,014	171,926	145,088	252,931	134,126	118,805
9	Orissa	81,036	43,965	37,071	88,357	48,637	39,720
10	Punjab	1,074,013	605,775	468,238	854,199	479,980	374,219
11	Rajasthan	243,548	132,670	110,878	219,759	122,584	97,175
12	Tamil Nadu	157,365	77,550	79,815	303,837	150,645	153,192
13	Uttar Pradesh	407,985	217,174	190,811	342,327	174,157	168,170
14	West Bengal	3,199,593	1,728,939	1,470,654	3,489,196	1,866,400	1,622,796

*Excluding Assam.

Source: India. Registrar General and Census Commissioner. Report and Tables based on Five per cent Sample Data. Census of India 1981, Series-1 India, Part II Special. New Delhi, 1981. p. 60.

TABLE 9.7

Reasons for migration to urban areas

Place of last residence		Reasons for migration											
		Total migrants		Employment		Education		Family moved		Marriage		Others	
		Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1		2	3	4	5	6	7	8	9	10	11	12	13
A. Total migrants													
	Total	100.00	100.00	43.14	4.20	6.61	2.30	27.31	32.51	1.00	46.61	21.88	14.32
B. Last residence elsewhere in India other than the place of enumeration													
	Total	100.00	100.00	44.87	4.31	6.89	2.42	26.76	32.08	1.09	48.07	20.39	13.12
	Rural	100.00	100.00	47.49	4.20	8.07	2.58	23.54	29.27	1.17	51.53	19.73	12.42
	Urban	100.00	100.00	41.12	4.45	5.19	2.22	31.52	35.89	0.99	43.56	21.18	13.88
C. Within the state of enumeration													
	Total	100.00	100.00	40.50	4.08	7.99	2.45	28.52	30.46	1.30	49.92	21.69	13.09
	Rural	100.00	100.00	42.50	3.97	9.55	2.69	25.33	27.59	1.40	53.40	21.22	12.35
	Urban	100.00	100.00	37.42	4.26	5.52	2.10	33.62	34.90	1.13	44.65	22.31	14.09
D. States in India beyond the state of enumeration													
	Total	100.00	100.00	55.49	5.13	4.21	2.31	22.48	37.83	0.60	41.53	17.22	13.20
	Rural	100.00	100.00	61.45	5.30	3.94	2.08	18.52	37.21	0.51	42.69	15.58	12.72
	Urban	100.00	100.00	48.71	4.97	4.53	2.52	27.20	38.45	0.71	40.73	18.85	13.33
E. Other countries		100.00	100.00	15.24	1.96	2.08	1.10	36.26	41.44	0.46	16.47	45.96	39.03

Source: India. Registrar General and Census Commissioner. Report and Tables based on Five per Cent Sample Data. Census of India 1981, Series-1 India, part II Special, New Delhi, 1981. p. 70.

Appendices

Extracts From the Reports of World Conferences

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RECOMMENDATIONS OF THE UN WORLD CONFERENCE OF INTERNATIONAL WOMEN'S YEAR

MEXICO, JUNE 19-JULY 2, 1975

National Governments should :

1. Promote change in social and economic structures to make for full equality of women and their free access to all types of development, without discrimination of any kind and to all types of education and employment.
2. Take appropriate action to impiement targets and priorities set, at all levels, ensuring that they take into account women's interests and needs, to improve their situation and increase their contribution to the development process.
3. Ensure that national plans and strategies are sensitive to the needs and problems of different categories of women and of women of different age groups, with special attention to the most disadvantaged in rural and urban areas, and on behalf of women who are victims of particularly discriminatory attitudes.
4. Establish interdisciplinary and multisectoral machiuery with adequate staff and budget for accelerating the achievement of equal opportunity for women and their full integration in national life, through investigations and recommendations for needed legisiation, policies and programmes and priorities.
5. Provide constitutional and legisiative guarantee of the principle of non-discrimination on the ground of sex, and equal rights and responsibilities of women and men.
6. Review and reform the legisiations affecting the status of women in the light of human rights principles and internationally accepted standards, providing adequate enforcement machinery

and appropriate measures to inform and aid women to utilise their rights.

7. Encourage involvement of women in the promotion of international co-operation, for peace and disarmament and in combating colonialism, neo-colonialism, foreign domination, apartheid and racial discrimination.

8. Establish goals, strategies and time-tables for increasing within the decade 1975-1985 the number of women in elective and appointive public offices and public functions at all levels.

9. Provide equal opportunities for both sexes in education and training at all levels, coordinating educational, training and employment strategies, through :
   i. target dates for eradication of illiteracy with high priority for women in 16-25 age group;
   ii. free and compulsory primary education, with text books, transport and school lunches;
   iii. integrated training programmes for rural women to accelerate their economic and social development, with special emphasis on modern methods and technology in agriculture, animal husbandry and fisheries, cooperatives, entrepreneurship, commerce, marketing as well as health, nutrition, and family planning;
   iv. formal and informal programmes to change social attitudes to women's education, training and employment towards equality, new occupations and changing roles;
   v. research to identify discriminatory practices.

10. Formulate policies and action programmes to promote equality in work, through:
   i. legislation stipulating the principle of non-discrimination on the grounds of sex or marital status;
   ii. guaranteeing right to equal pay for equal work;
   iii. special efforts to foster positive attitudes towards women's employment irrespective of marital status, among employers, workers and society at large, to eliminate sex-typed divisions of labour;
   iv. special efforts to eliminate unemployment and under-employment of women;

v. support for self-employment and self-help activities of women specially in rural areas;
vi. establishing specific target dates for achieving substantial increase in the number of qualified women employed in skilled and technical work, and increasing the number of women in management and policy-making in commerce, industry and trade;
vii. opening to women the access to institutional and on-the-job-training;
viii. ensuring the right to maternity leave with a guarantee of returning to their former employment and to nursing breaks to all women workers;
ix. special attention to multilateral approaches to combination of family and work responsibilities, e.g. general reduction and/or staggering of working hours, flexible working hours, part-time work for women and men, child-care facilities, etc., with protection of their economic and social rights;
x. review in the light of scientific and technological knowledge, of protective legislation applying to women only for revision, repeal or extension to all workers as necessary;
xi. enforcement of minimum wages and their application to cottage industries and domestic work;
xii. elimination of exploitation of female labour particularly young girls;
xiii. elimination of discriminatory treatment of women in national social security schemes;
xiv. stimulating efforts of employers', workers' and voluntary organisations to improve women's employment;
xv. increase rural women's participation in the formulation of national plans for integrated rural development.

11. Pay particular attention to women's special health needs and child health services, by involving them as active participants in the health planning, decision-making and delivery processes at all levels, and preparing village women as health workers.

12. Integrate and co-ordinate family planning programmes with health, nutrition and other services, reduce mortality and morbidity.

13. Protect by appropriate legislation and policy, the rights of women in all the various forms of the family, including nuclear family, the extended family, consensual union and the single parent family.

14. Frame marriage laws in conformity with international standards, ensuring that women and men have the same right to the free choice of a spouse and enter marriage only with their free consent, minimum age for marriage to enable them to complete education and official registration.

15. Abolish all institutions and practices which infringe such rights.

16. Establish family courts.

17. Investigate and adopt appropriate measures for the protection and needs of (i) migrant women, and (ii) slum women.

18. Take specific legislative measures to combat prostitution and the illicit traffic in women, with special programmes for rehabilitation of the victims, and ratify United Nations Conventions for the Suppression of Traffic in Persons and of the Exploitation of the Prostitution of Others.

19. Establish a scientific and reliable data base, and develop suitable economic and social indicators sensitive to the particular situation and needs of women as an integral part of national and international programme of statistics.

20. Collect and analyse all census and survey data relating to characteristics of individuals, household and family composition, to measure :
    (a) the participation of women in local and national planning and policy-making in all sectors of national life;
    (b) the extent of women's activities in food production, water and fuel supply, marketing and transportation;
    (c) the economic and social contribution of housework and other domestic chores, handicrafts and other home-based economic activities;
    (d) the effect on the national economy of women's activities as consumers of goods and services;
    (e) the relative time spent on economic and household activities and on leisure by girls and women compared to boys and men;

(f) the quality of life (e.g. job satisfaction, income situation, family characteristics and use of leisure time).
National statistical offices should adhere to the standards established by the United Nations and its specialised agencies for data collection, tabulation and analysis.

21. Encourage and support national, regional and international research to critically review the image of women and men portrayed by the media, and increase women in that media management, to correct negative role of media.

22. Undertake their own regular review and appraisal of progress made to achieve the goals and objectives of the Plan and to report on its implementation to the Economic and Social Council paying special attention to the problems of rural women.

23. Trade Unions should increase women's participation at all levels, and have special programmes to promote equality of opportunity for jobs and training for women workers and leadership training for women.

International agencies should :

24. Assist Governments to develop specific projects and programmes, and facilitate free flow of information and ideas among countries, and provide a clearing house for information, experience and ideas.

25. Prepare an inventory of social and economic indicators relevant to the analysis of the status of women not later than 1980 in co-operation with the interested specialised agencies, United Nations Research Institute for Social Development, the regional commissions and other agencies.

26. Proclaim the decade 1975-1985 as the United Nations Decade for Women: Equality, Development, Peace, to ensure that national and international action is sustained throughout the period.

27. Co-ordinate the activities of various international agencies working to improve the situation of women through the existing

machinery. Each organisation should evaluate what it has done and enhance its contribution by specific measures needed to implement the Plan.

28. Increase women's involvement in policy-making at the international level. The Secretariat of the international organisations should eliminate any provisions or practices in their employment policies that may be discriminatory against women.

29. Undertake a comprehensive and thorough review and appraisal of progress made in meeting the goals of this Plan at regular intervals.

Source: Mair, Lucille Mathurin. International Women's Decad
a Balance Sheet. New Delhi, Centre for Women's
Development Studies, 1985. p. 15-20.

RECOMMENDATIONS OF THE WORLD CONFERENCE OF THE UNITED NATIONS DECADE FOR WOMEN: EQUALITY, DEVELOPMENT AND PEACE

COPENHAGEN, JULY 14-30, 1980

National Governments should :

1. Establish appropriate machinery to evaluate the extent to which women participate in and benefit from both general and sectoral development programmes at all levels of society in every major sector of national development programmes by:
   i. ensuring that development agencies in different sectors of national planning include large numbers of women in their staff;
   ii. sustained efforts to integrate women into national development and planning, particularly in policies for employment, education and health;
   iii. establishing qualitative and quantitative targets for 1980-1985 and projections for 1984-1995;
   iv. reviewing in 1985 and 1990 achievement of such targets for removal of the gap between men and women, also between women in underprivileged population groups and other women in all sectors particularly in employment, education and health.

2. Develop and improve infrastructural technology, basic services and incentives, particularly for poor rural women and urban poor to give *equal rights of land-ownership, equal access to credit and financing.*

3. Implement measures to mobilise women, particularly poor rural and urban women for learning and productive activity with access to needed developmental services and inputs.

4. Organise the unorganised working women for protection against exploitation and socio-occupational immobility through education, training, supportive child-care services and employment information.

5. Initiate consultations between government and employers' and employees' organisations to examine and improve the conditions of women workers.

6. Sustain efforts to promote and assist grass-root level organisations, establish incentive and concrete programmes for increasing participation of women in management and decision-making process.

7. Enact before the end of the Decade, legislation guaranteeing women equality of right to vote, to be eligible for election or appointment to public office and to exercise public functions equally with men, and protection against sexually oriented practices which endanger women's access to or maintenance of employment.

8. Encourage political parties to nominate women candidates and eliminate any formal or informal discrimination which excludes them from decision-making bodies such as councils, boards or informal committees.

9. Allot high priority to providing training and educational opportunities at all levels including those traditionally regarded as occupations for men to ensure equal job opportunity.

10. Conduct studies with a view to eliminate through practical programmes, the adverse impact of activities of transnational corporations and other international economic agreements on the status of women.

11. Instruct all data collecting agencies to :
    i. give a sex and age breakdown of any information they gather;
    ii. re-examine the concepts and analytical tools of research relating to economic process as—labour, work, employment, social productivity, household, family, etc. to improve tools for analysis and conceptualisation of economic and social role of women within home and outside;

iii. give priority to research about those women who perform multiple roles to ensure survival of their families and are neglected in social research;
iv. develop national and regional indicators to determine the degree of women's participation in development.

12. Support the efforts of non-governmental organisations, women's and youth groups, employers' and workers' unions, voluntary agencies, community organisations, including religious groups, mass communication media and political parties in implementing the Programme of Action for the second half of the Decade.

13. Specially encourage and assist women's organisations to perform the functions of :
    i. mass mobilisation of women (in particular poor women in rural and urban areas);
    ii. establishing women workers' organisations in non-trade union occupations both in rural and urban areas for protecting them against exploitation and providing necessary child care and other development services and facilities (education, health, expansion of credit and marketing facilities, information on social, political and economic rights etc.).

14. Institute special legislative and action programmes to :
    i. inform women workers of their legal rights and other remedial measures emphasising the importance of freedom of association and protection of the right to organise;
    ii. secure for women and men the same right to work and protection of health and safety in working conditions, with unemployment benefits;
    iii. prevent dismissal on the grounds of pregnancy or of maternity leave;
    iv. facilitate return to labour market of women who had left it for family reasons;
    v. provide migrant workers opportunity to enjoy equal treatment and access to vocational training as nationals of host country;
    vi. to provide part time workers with social security benefits and protection of working conditions, remunerations etc.

15. Investigate whether unpaid work in household, agriculture and other productive occupations can be recognised and reflected in official data collections.

16. Take measures to guarantee that transfer of technology avoid any labour force disruptions which usually affect women more severely.

17. Ensure that during economic recessions employment market is not less accessible to women than to men.

18. Give high priority to the health needs of women within primary health care with particular attention to maternity, and the special needs of women in rural and depressed urban areas, and formulate official policies to involve women in planning and carrying out health programmes at all levels to increase the participation of women at decision making levels.

19. Develop, implement and strengthen child welfare and family planning programmes and include family planning information in school curricula for boys and girls.

20. Promote additional research to assess women's physical and mental situation to improve medical attention.

21. Establish official incentives to increase women's access to training in medical professions and health related researches.

22. Develop simple economic, social and cultural indicators to measure trends in morbidity and mortality among women and their access to utilisation of health services.

23. Give high priority to formulation and implementation of food and nutrition policies that reflect the needs of women and children of lower socio-economic status in both rural and urban areas.

24. Develop policies to ensure safe working environment both in home and in work place and provide appropriate technology to relieve the workload of women.

25. Introduce legislation to eliminate:—
    i. occupational health hazards likely to affect reproductive functions;
    ii. environmental pollution; and

iii. disposal of toxic chemicals and radio-active waste.

26. Promote extensive health education programmes to eliminate practices detrimental to women's health, and to encourage positive traditional practices, especially breast feeding.

27. Formulate special programmes for prevention of maternal and infant mortality giving priority to depressed rural and urban areas and to most vulnerable population groups.

28. Promote research on the extent and causes of domestic violence with a view to formulate plan of action for protection of women against such abuse.

29. Promote change in social attitude against stereotyped roles of men and women, to create new and more positive images of women's participation in the family, labour market and in social and public life.

30. Include in educational programmes and methodologies special emphasis on education against violence, particularly violence in relationship between women and men to encourage basic understanding on human rights.

31. Establish links to ensure better interaction between education, training and employment of women, including non-traditional occupations.

32. Increase the opportunities and facilities to promote participation of women in science and technology through education and training.

33. Devise means to encourage girls to stay at school longer and to ensure that courses chosen by them are over a range of fields including professions, management, economic and science which will enable them to achieve positions of influence in the decision making process.

34. Promote national educational programmes to encourage return of women and girls who have dropped out from the formal education system and establish targets for expansion of educational opportunities and facilities for women promoting new and extra-curricular education to enable women to combine household duties with opportunity to improve their educational level.

35. Encourage through legislation free and compulsory primary education for girls and boys including adults in remote, sparsely populated or very underdeveloped rural areas through :
    i. trained teachers of both sexes;
    ii. transportation;
    iii. hostel facilities

36. Remove sexist biases in education through:
    i. eliminating stereotyped portrayal of girls and women in text books and teaching materials;
    ii. promoting development of non-sexist resources and curricular material;
    iii. including courses on women's issues in university degree programmes;
    iv. promoting instruction and interdisciplinary research on women and the implications of the goals of the Decade as an input into the educational process.

37. Promote the incorporation of women in all phases of the agricultural productive processes and provide them with the necessary skills and appropriate technology to improve their productivity.

38. Promote the participation of rural women in agricultural policy-making, leading to production of basic foods for family and national consumption.

39. Ensure women's access to appropriate technology and suitable training to improve and promote traditional and small-scale industries.

40. Stimulate full and equal participation of women in co-operatives and other forms of organisations, social organisations of labour relating to production, processing, distribution, marketing and consumption.

41. Eliminate from legislation on rural employment, provisions that discriminate against women.

42. Make rural women aware of their rights and duties so that they can exercise and benefit from participation in cultural, political, economic and social activities of the community.

43. Ensure access of rural women to the use, enjoyment and development of land in equality with men.

44. Allocate sufficient financial resources to carry out field research for initiating, expanding and strengthening concrete and integrated action promoting development of rural women and their integration in economic and social activity in rural areas.

45. Create and strengthen necessary infrastructure to lighten the workload of rural women through application of appropriate technology ensuring that such measures do not result in occupational displacement of women.

46. Include provision of community-based, work-based, and work-related child care services, involving mothers in the planning of these services.

47. Improve employment opportunities for rural women with material and technical support as an alternative to their migration.

48. Assist migrant women with employment information, training, education—in language, and their legal rights to settle in the host country.

49. Give special attention to the education of young women ensuring that they are consciously involved in social and political development, and enjoy and exercise their rights and responsibilities.

50. Formulate guidelines for implementing programme of action for the second half of the United Nations Decade for Women as part of their development co-operation policies.

51. Allow sufficient international personnel in refugee camps to discourage exploitation or any attack upon women refugees.

Source: Mair, Lucille Mathurin. International Women's Decade: A Balance Sheet. New Delhi, Centre for Women's Development Studies, 1985. p. 21-27.

Extracts from Nairobi Forward Looking Strategies for the Advancement of Women

B. Substantive background of the Forward-looking Strategies

Paragraph 9

The three objectives of the Decade—equality, development and peace—are broad, interrelated and mutually reinforcing, so that the achievement of one contributes to the achievement of another.

Paragraph 10

The Copenhagen World Conference interpreted equality as meaning not only legal equality, the elimination of *de jure* discrimination, but also equality of rights, responsibilities and opportunities for the participation of women in development, both as beneficiaries and as active agents.

Paragraph 11

Equality is both a goal and a means whereby individuals are accorded equal treatment under the law and equal opportunities to enjoy their rights and to develop their potential talents and skills so that they can participate in national political, economic, social and cultural development and can benefit from its results. For women in particular, equality means the realization of rights that have been denied as a result of cultural, institutional, behavioural and attitudinal discrimination. Equality is important for development and peace because national and global inequities perpetuate themselves and increase tensions of all types.

Paragraph 12

The role of women in development is directly related to the goal of comprehensive social and economic development and is fundamental to the development of all societies. Development

means total development, including development in the political, economic, social, cultural and other dimensions of human life, as well as the development of the economic and other material resources and the physical, moral, intellectual and cultural growth of human beings. It should be conducive to providing women, particularly those who are poor or destitute, with the necessary means for increasingly claiming, achieving, enjoying and utilizing equality of opportunity. More directly, the increasingly successful participation of each woman in societal activities as a legally independent agent will contribute to further recognition in practice of her right to equality. Development also requires a moral dimension to ensure that it is just and responsive to the needs and rights of the individual and that science and technology are applied within a social and economic framework that ensures environmental safety for all life forms on our planet.

Paragraph 13

The full and effective promotion of women's rights can best occur in conditions of international peace and security where relations among States are based on the respect for the legitimate rights of all nations, great and small, and peoples to self-determination, independence, sovereignty, territorial integrity and the right to live in peace within their national borders.

Peace depends on the prevention of the use or threat of the use of force, aggression, military occupation, interference in the internal affairs of others, the elimination of domination, discrimination, oppression and exploitation, as well as of gross and mass violation of human rights and fundamental freedoms.

Peace includes not only the absence of war, violence and hostilities at the national and international levels but also the enjoyment of economic and social justice, equality and the entire range of human rights and fundamental freedoms within society. It depends upon respect for the Charter of the United Nations

and the Universal Declaration of Human Rights, as well as international covenants and the other relevant international instruments on human rights, upon mutual co-operation and understanding among all States irrespective of their social, political and economic systems and upon the effective implementation by States of the fundamental human rights standards to which their citizens are entitled.

It also embraces the whole range of actions reflected in concerns for security and implicit assumptions of trust between nations, social groups and individuals. It represents goodwill toward others and promotes respect for life while protecting freedom, human rights and the dignity of peoples and of individuals. Peace cannot be realized under conditions of economic and sexual inequality, denial of basic human rights and fundamental freedoms, deliberate exploitation of large sectors of the population, unequal development of countries, and exploitative economic relations. Without peace and stability there can be no development. Peace and development are interrelated and mutually reinforcing.

In this respect special attention is drawn to the final document of the tenth special session of the General Assembly, the first special session devoted to disarmament encompassing all measures thought to be advisable in order to ensure that the goal of general and complete disarmament under effective international control is realized. This document describes a comprehensive programme of disarmament, including nuclear disarmament, which is important not only for peace but also for the promotion of the economic and social development of all, particularly in the developing countries, through the constructive use of the enormous amount of material and human resources otherwise expended on the arms race.

Peace is promoted by equality of the sexes, economic equality and the universal enjoyment of basic human rights and fundamental freedoms. Its enjoyment by all requires that women be

enabled to exercise their right to participate on an equal footing with men in all spheres of the political, economic and social life of their respective countries, particularly in the decision-making process, while exercising their right to freedom of opinion, expression, information and association in the promotion of international peace and co-operation.

Paragraph 14

The effective participation of women in development and in the strengthening of peace, as well as the promotion of the equality of women and men, require concerted multi-dimensional strategies and measures that should be people-oriented such strategies and measures will require continual upgrading and the productive utilization of human resources with a view to promoting equality and producing sustained, indigenous development of societies and groups of individuals.

Paragraph 15

The three goals of the Decade—equality, development and peace—are inextricably linked to the three sub-themes—employment, health and education. They constitute the concrete basis on which equality, development and peace rest. The enhancement of women's equal participation in development and peace requires the development of human resources, recognition by society of the need to improve women's status, and the participation of all in the restructuring of society. It involves, in particular, building a participatory human infrastructure to permit the mobilization of women at all levels, within different spheres and sectors. To achieve optimum development of human and material resources, women's strengths and capabilities, including their great contribution to the welfare of families and to the development of society, must be fully acknowledged and valued. The attainment of the goals and objectives of the Decade requires a sharing of this responsibility by men and women and by society as a whole and requires that women play a central role as intellectuals.

policy-makers, decision-makers, planners, and contributors and beneficiaries of development.

Paragraph 16

The need for women's perspective on human development is critical since it is in the interest of human enrichment and progress to introduce and weave into the social fabric women's concept of equality, their choices between alternative development strategies and their approach to peace, in accordance with their aspirations, interests and talents. These things are not only desirable in themselves but are also essential for the attainment of the goals and objectives of the Decade.

Paragraph 17

The review and appraisal of progress achieved and obstacles encountered at the national level in the realization of the goals and objectives of the United Nations Decade for Women: Equality, Development and Peace (*see* A/CONF.116/5 and Add.1-14) identifies various levels of experience. Despite the considerable progress achieved and the increasing participation of women in society, the Decade has only partially attained its goals and objectives. Although the earlier years of the Decade were characterized by relatively favourable economic conditions in both the developed and developing countries, deteriorating economic conditions have slowed efforts directed towards promoting the equal participation of women in society and have given rise to new problems, with regard to development, there are indications that in some cases, although the participation of women is increasing, their benefits are not increasing proportionately.

Paragraph 18

Many of the obstacles discussed in the Forward-looking Strategies were identified in the review and appraisal (*See A/CONF. 116/5 and Add. 1-14*). The overwhelming obstacles to

the advancement of women are in practice caused by varying combinations of political and economic as well as social and cultural factors. Furthermore, the social and cultural obstacles are sometimes aggravated by political and economic factors such as the critical international economic situation and the consequent adjustment programmes, which in general entail a high social cost. In this context, the economic constraints due in part to the prevailing macro-economic constraints due in part to the prevailing macro-economic factors have contributed to the aggravation of economic conditions at the national level. Moreover, the devaluation of women's productive and reproductive roles as a result of which the status of women continued to be regarded as secondary to that of men, and the low priority assigned to promoting the participation of women in development are historical factors that limit women's access to employment, health and education, as well as to other sectoral resources, and to the effective integration of women in the decision-making process. Regardless of gains, the structural constraints imposed by a socio-economic framework in which women are second-class persons still limit progress. Despite changes in some countries to promote equity in all spheres of life, the "double burden" for women of having the major responsibility for domestic tasks and of participating in the labour force remains. For example, several countries in both the developed and developing world identify as a major obstacle the lack of adequate supportive services for working women.

Paragraph 19

According to responses from the developing countries, particularly the least developed, to the United Nations questionnaire to Governments (*see* A/CONF.116/5 and Add.1-14), poverty is on the increase in some countries and constitutes another major obstacle to the advancement of women. The exigencies created by problems of mass poverty, compounded by scarce national resources, have compelled Governments to concentrate on alleviating the poverty of both women and men rather than on

equality issues for women. At the same time, because women's secondary position increases their vulnerability to marginalization, those belonging to the lowest socio-economic strata are likely to be the poorest of the poor and should be given priority. Women are an essential productive force in all economies; therefore it is particularly important in times of economic recession that programmes and measures designed to raise the satus of women should not be relaxed but rather intensified.

Paragraph 20

To economic problems, with their attendant social and cultural implications, must be added the threat to international peace and security resulting from violations of the principles of the United Nations Charter. This situation, affecting *inter alia* the lives of women, constitutes a most serious obstacle to development and thus hinders the fulfilment of the Forward-looking Strategies.

Paragraph 21

What is now needed is the political will to promote development in such a way that the strategy for the advancement of women seeks first and foremost to alter the current unequal conditions and structures that continue to define women as secondary persons and give women's issues a low priority. Development should now move to another plane in which women's pivotal role in society is recognized and given its true value. That will allow women to assume their legitimate and core positions in the strategies for effecting the changes necessary to promote and sustain development.

D. Basic approach to the formulation of the Forward looking Strategies

Paragraph 37

It is necessary to reiterate the unity, inseparability and interdependence of the objectives of the Decade—equality, development and peace—as regards the advancement of women and their full integration in economic, political, social and cultural development, for which purpose the objectives should remain in effect in the operational strategies for the advancement of women to the year 2000.

Paragraph 38

The Forward-looking Strategies are intended to provide a practical and effective guide for global action on a long-term basis and within the context of the broader goals and objec-

tives of a new international economic order. Measures are designed for immediate action, with monitoring and evaluation occurring every five years, depending on the decision of the General Assembly. Since countries are at various stages of development, they should have the option to set their own priorities based on their own development policies and resource capabilities. What may be possible for immediate action in one country may require more long-range planning in another, and even more so in respect of countries which are still under colonialism, domination and foreign occupation. The exact methods and procedures of implementing measures will depend upon the nature of the political process and the administrative capabilities of each country.

Paragraph 39

Some measures are intended to affect women and others directly and are designed to make the societal context less obstructive and more supportive of their progress. These measures would include the elimination of sex-based stereotyping, which is at the root of continuing discrimination. Measures to improve the situation of women are bound to have a ripple effect in society, since the advancement of women is without doubt a pre-condition for the establishment of a humane and progressive society.

Paragraph 40

The feasibility of policies, programmes and projects concerning women will be affected not only by their numbers and socio-economic heterogeneity but also by the different lifestyles of women and by the constant changes in their life cycle.

Paragraph 41

The Forward-looking Strategies not only suggest measures for overcoming obstacles that are fundamental and opera-

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